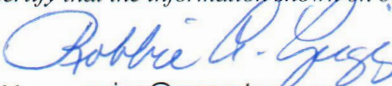


Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		State of New Mexico Energy, Minerals and Natural Resources <div style="color: red; font-weight: bold; font-size: 1.2em; margin: 5px 0;">           OCD - HOBBS            07/11/2016            RECEIVED         </div> Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505		Form C-105 Revised August 1, 2011						
		1. WELL API NO. 30-025-29720 ✓								
		2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN    ✓								
		3. State Oil & Gas Lease No.								
<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>		<b>312507</b>								
4. Reason for filing:  <input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)  <input type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)		5. Lease Name or Unit Agreement Name <b>BRIDGES STATE</b> ✓								
		6. Well Number: <b>513</b> ✓								
7. Type of Completion: <input type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input checked="" type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER										
8. Name of Operator <b>CROSS TIMBERS ENERGY, LLC</b> ✓		9. OGRID <b>298299</b> ✓								
10. Address of Operator <b>400 W 7th STREET, FORT WORTH, TX 76102</b>		11. Pool name or Wildcat <b>VACUUM; WOLFCAMP</b>								
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	G	13	17S	34E	7	2135	N	1905	E	LEA ✓
BH:										
13. Date Spudded <b>9/6/1986</b>	14. Date T.D. Reached <b>11/24/1986</b>	15. Date Rig Released <b>11/24/1986</b>		16. Date Completed (Ready to Produce) <b>09/23/2015</b> <del>11/24/1986</del>		17. Elevations (DF and RKB, RT, GR, etc.) <b>4018 GR</b>				
18. Total Measured Depth of Well <b>11,890'</b>		19. Plug Back Measured Depth <b>10,389'</b>		20. Was Directional Survey Made? <b>NO</b>		21. Type Electric and Other Logs Run <b>NO</b>				
22. Producing Interval(s), of this completion - Top, Bottom, Name							<b>VAC; UPR PENN/WOLFCAMP</b>			
<b>23. CASING RECORD (Report all strings set in well)</b>										
CASING SIZE	WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
13 3/8	48		403		17 1/2		325		SURFACE	
8 5/8	32		4800		12 1/4		3300		SURFACE	
5 1/2	17		11550		7 7/8		1700			
<b>24. LINER RECORD</b>										
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN						
7	4,811	10,600								
4 1/2	10,385	11,889								
<b>25. TUBING RECORD</b>										
SIZE	DEPTH SET		PACKER SET							
2 3/8	10,527		11,415							
26. Perforation record (interval, size, and number) <b>SEE ATTACHED WELLBORE SCHEMATIC</b>					27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.					
					DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED			
					9,760' - 10,078'		4500 GAL; 15% HCL NEFE			
<b>28. PRODUCTION</b>										
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump) <b>FLOWING</b>				Well Status (Prod. or Shut-in) <b>PRODUCING</b>				
Date of Test <b>9/23/2015</b>	Hours Tested <b>24</b>	Choke Size <b>1.25</b>	Prod'n For Test Period	Oil - Bbl <b>4</b>	Gas - MCF <b>5</b>	Water - Bbl. <b>52</b>	Gas - Oil Ratio			
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)				
29. Disposition of Gas (Sold, used for fuel, vented, etc.) <b>SOLD</b>							30. Test Witnessed By			
31. List Attachments										
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.										
33. If an on-site burial was used at the well, report the exact location of the on-site burial:										
Latitude					Longitude			NAD 1927 1983		
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief										
Signature 		Printed Name <b>Robbie A Grigg</b>		Title <b>Regulatory Compliance</b>			Date <b>2/10/16</b>			
E-mail Address <b>rgrigg@mspartners.com</b>										

KZ