

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

HOBBSOCD State of New Mexico
Energy, Minerals and Natural Resources

MAR 20 2015

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
RECEIVED Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-01549 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CROSS TIMBERS ENERGY, LLC		6. State Oil & Gas Lease No. 312471
3. Address of Operator 400 WEST 7th STREET, FORT WORTH, TX 76102		7. Lease Name or Unit Agreement Name SEMGS AU
4. Well Location Unit Letter P : 660 feet from the S line and 990 feet from the E line Section 29 Township 17-S Range 33-E NMPM County LEA		8. Well Number 703 ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 298299
		10. Pool name or Wildcat MALJAMAR; GRAYBURG-SAN AN
		✓
		4075 GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

5 YR. MIT TEST 3/11/15
(START PRESSURE 360, END PRESSURE 335)
CHART ATTACHED

Spud Date:

12/6/1952

Rig Release Date:

1/16/1953

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Laura Stone

TITLE **Regulatory Compliance**

DATE **3/18/2015**

Type or print name **LAURA STONE**

E-mail address: **rgrigg@mspartners.com** PHONE: **817-334-7842**

For State Use Only

APPROVED BY:

Biel Semamah

TITLE

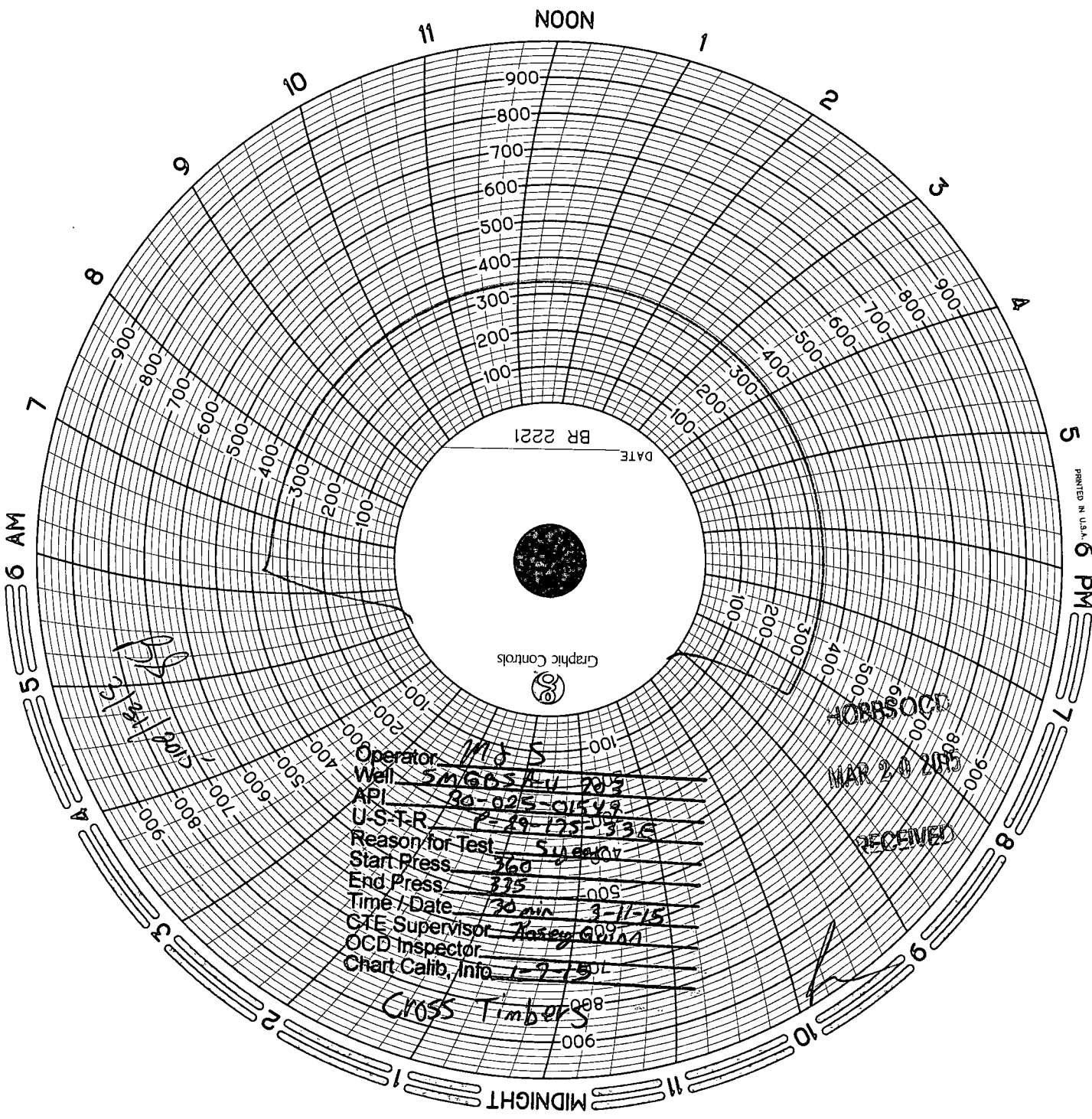
Staff Manager

DATE

3/31/2015

Conditions of Approval (if any):

APR 02 2015



DATE BR 2221

Graphic Controls

Operator MJS
 Well 5MGBSA-11 203
 API 20-025-01548
 U-S-T-R P-29-125-338
 Reason for Test Stagnant
 Start Press 360
 End Press 375
 Time / Date 30 min 3-11-15
 GTE Supervisor Joseph Quinn
 OCD Inspector
 Chart Calib. Info 1-2-15

Cross Timbers

RECEIVED
 MAR 24 2015