

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

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-29675	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. 312507	
7. Lease Name or Unit Agreement Name BRIDGES STATE	
8. Well Number	511
9. OGRID Number	298299
10. Pool name or Wildcat SWD; SAN ANDRES	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4011 GR	

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.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other ☐

2. Name of Operator
CROSS TIMBERS ENERGY, LLC

3. Address of Operator
400 WEST 7th STREET, FORT WORTH, TX 76102

4. Well Location
Unit Letter O : 474 feet from the S line and 1904 feet from the E line
Section 23 Township 17S Range 34-E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4011 GR

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

E-PERMITTING <SWD INJECTION> CONVERSION _____ RBDMS <u>BS</u> <input type="checkbox"/> RETURN TO _____ TA <u>TA</u> <input type="checkbox"/> CSNG _____ ENVIRO _____ CHG LOC _____ <input type="checkbox"/> INT TO PA _____ P&A NR _____ P&A R _____ <input type="checkbox"/> OTHER: _____ <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <u>TA EXT</u> <input checked="" type="checkbox"/>
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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.

3/3/2016
5 YR. MIT TEST
(START PRESSURE 620, END PRESSURE 620)
CHART ATTACHED
(PASSED)

This Approval of Temporary
Abandonment Expires 3/3/2017

Spud Date:

7/24/1986

Rig Release Date:

8/2/1986

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 3/3/2016

Type or print name LAURA STONE E-mail address: rgrigg@mspartners.com PHONE: 817-334-7842
For State Use Only

APPROVED BY: Bill Samanah TITLE Staff Manager DATE 3/10/16
Conditions of Approval (if any):

MAR 15 2016

PRINTED IN U.S.A.

6 PM

MIDNIGHT

6 AM

NOON

HOBBS OGD

MAR 04 2016

RECEIVED



DATE

BR 2221

Operator Onassis, Tim
 Well 30-25-29-30
 API 023-29-30
 U-S-T-R 023-29-30
 Reason for Test 023-29-30
 Start Press 023-29-30
 End Press 023-29-30
 Time / Date 3-3-16
 CTE Supervisor Tim Onassis
 OGD Inspector Tim Onassis
 Chart Calib. Info Calib 2-12-16 Serial 9507