Submit 1 Copy To Appropriate District Office State of New Mexico	Form C-103
District 1_ (575) 393_6161 Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88HOBBS OCD District II – (575) 748-1283	WELL API NO. 30-025-41940
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III - (505) 334-6178 MAR 12 2018220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410	STATE X FEE
District IV – (505) 476-3460 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NMRECEIVED	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	SE MALJAMAR GB/SA UNIT
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number 619
Name of Operator CROSS TIMBERS ENERGY, LLC	9. OGRID Number 298299
3. Address of Operator	10. Pool name or Wildcat
400 W 7TH ST, FORT WORTH, TX 76102	MALJAMAR;GRAYBURG-SAN ANDRES
4. Well Location	
Unit Letter M: 179 feet from the S line and 725	get from the W line
Section 29 Township 17S Range 33E	NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc. 4035 GR	
4033 GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	
TEMPORARILY ABANDON ☑ CHANGE PLANS ☐ COMMENCE DR	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	T JOB
DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM	
13. Describe proposed or completed operations. (Clearly state all pertinent details, an	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of	
proposed completion or recompletion.	
APPROX 3/19/18:	
POOH tbg	
Set CIBP @ 4200' and dump bail 35' cmt on top	4
Load hole w/ pkr fluid Cond	ition of Approval: notify
Perform MIT witnessed by NMOCD OCD Hobbs office 24 hours	
oc.	Hodds office 24 hours
prior of	running MIT Test & Chart
	Contacto A/ A . c
Spud Date: 08/29/2014 Rig Release Date: 09/06/2	
Spud Date: 08/29/2014 Rig Release Date: 09/06/2	014
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Mulley of TITLE REGULATORY TECH DATE 03/13/2018	
Type or print name CONNIE BLAYLOCK E-mail address: cblaylock@mspartners.com PHONE: 817-334-7882	
For State Use Only	
APPROVED BY: DATE 3/13/2018 Conditions of Approval (if any):	

NO PROD REPORTED - 18 MONTHS

