

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

Form C-103  
Revised July 18, 2013

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

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.)	

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 ☒ SWD

2. Name of Operator  
CROSS TIMBERS ENERGY, LLC

3. Address of Operator  
400 W 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 17-S Range 34-E NMPM County LEA

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: MIT TA EXT <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.

08/28/2019

MIT FOR TA EXTENSION

START PRESSURE 530, END PRESSURE 525

CHART ATTACHED

Final  
EXTENSION  
Jem

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 2-28-20  
Well needs to be PLUGGED OR RETURNED  
to PRODUCTION  
BY THE DATE STATED ABOVE: 2/7

Spud Date:

07/24/1986

Rig Release Date:

08/02/1986

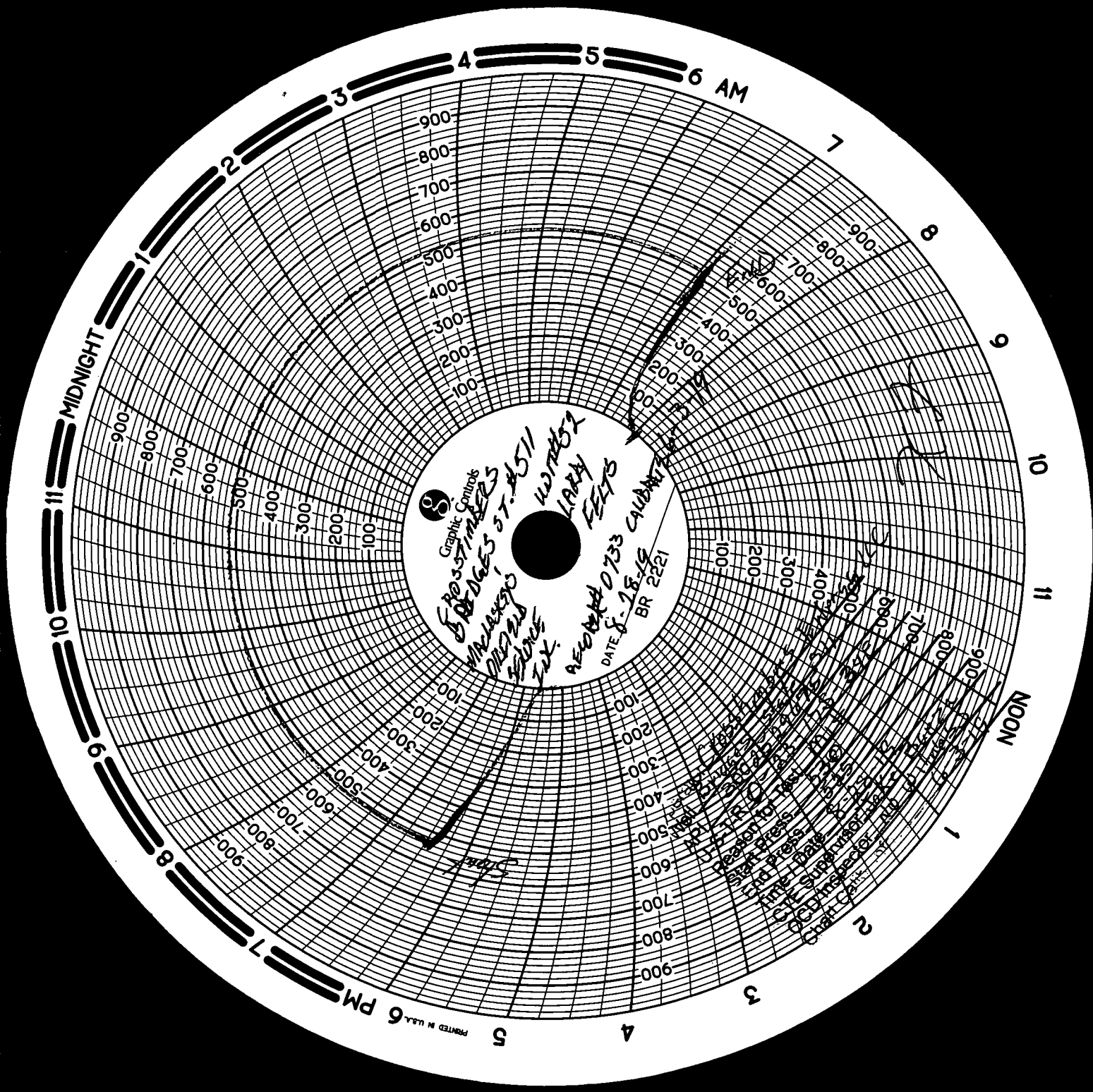
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Samanntha Avarello TITLE Regulatory Technician DATE 09/05/2019

Type or print name Samanntha Avarello E-mail address: savarello@mspartners.com PHONE: 817-334-7747  
For State Use Only

APPROVED BY: Kenny Fisher TITLE C.O. DATE 9-20-19

Conditions of Approval (if any):



State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <b>Cross Timbers Energy LLC</b>		API Number <b>3002529675</b>
Property Name <b>Bridges State</b>		Well No. <b>511</b>

7. Surface Location

UL - Lot <b>0</b>	Section <b>23</b>	Township <b>17S</b>	Range <b>34E</b>	Feet from <b>474</b>	N/S Line <b>F5L</b>	Feet From <b>1904</b>	E/W Line <b>FEL</b>	County <b>Lea</b>
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Well Status

TA'D Well <b>YES</b> NO	SHUT-IN <b>YES</b> NO	INJECTOR <b>INJ</b> SWD	PRODUCER OIL GAS	DATE <b>8-30-2019</b>
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure					
Flow Characteristics					
Puff	<b>Y</b> /N	Y/N	Y/N	<b>Y</b> /N	CO2 _____
Steady Flow	Y/ <b>N</b>	Y/N	Y/N	Y/ <b>N</b>	WTR _____
Surges	Y/ <b>N</b>	Y/N	Y/N	Y/ <b>N</b>	GAS _____
Down to nothing	<b>Y</b> /N	Y/N	Y/N	<b>Y</b> /N	If applicable type
Gas or Oil	Y/ <b>N</b>	Y/N	Y/N	Y/ <b>N</b>	fluid injected for
Water	Y/ <b>N</b>	Y/N	Y/N	Y/ <b>N</b>	Waterflood

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: <b>Alan Miller</b>		OIL CONSERVATION DIVISION
Printed name: <b>ALAN MILLER</b>		Entered into RBDMS
Title:		Re-test
E-mail Address: <b>AMiller@c+fieldsvcs.com</b>		<b>X 7</b>
Date: <b>8-30-2019</b>	Phone: <b>575-746-7212</b>	
Witness:		