

WELL API NO.

30-025-27565

5. Indicate Type of Lease

STATE X FEE

6. State Oil & Gas Lease No.

B2229

7. Lease Name or Unit Agreement Name

SE MALJAMAR GB/SA UNIT

8. Well Number

413

9. OGRID Number

298299

10. Pool name or Wildcat

MALJAMAR; GB-SAN ANDRES

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 X Gas Well Other

2. Name of Operator

CROSS TIMBER ENERGY, LLC

3. Address of Operator

400 W. 7TH STREET, FORT WORTH, TEXAS 76102

4. Well Location

Unit Letter F : 1485 feet from the NORTH line and 2400 feet from the WEST line
Section 29 Township 17S Range 33E NMPM County LEA

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

4,092' - GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A X
CASING/CEMENT JOB ☐

OTHER: WELL PLUGGED AND ABANDONED 06/23/20..

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.

06/17/20: TAG EXISTING 4" CIBP @ 4,098'; CIRC. WELL W/ M.L.F.; PRES. TEST CSGS. X CIBP TO 500# FOR 15 MINS. - HELD OK.

06/18/20: PUMP 40 SXS. CMT. @ 4,098' (PER OCD); WOC X TAG CMT. PLUG @ 3,570'; PUMP 25 SXS. CMT. @ 2,100'-1,900'.

06/23/20: PUMP 25 SXS. CMT. @ 1,362'-1,162'; MIX X CIRC. TO SURF. 25 SXS. CMT. @ 200'-3'; DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; WELD ON STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER.

Spud Date:

MIRU PXA EQUIP.: 06/16/20

Rig Release Date:

RDMO PXA EQUIP.: 06/23/20

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

SIGNATURE

TITLE: AGENT

DATE: 06/23/20

Type or print name: DAVID A. EYLER

E-mail address: deyler@milagro-res.com

PHONE: 432.687.3033

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any)