

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

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

WELL API NO.	30-039-23140
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	312463
7. Lease Name or Unit Agreement Name	REUTER
8. Well Number	321E
9. OGRID Number	298299
10. Pool name or Wildcat	DAKOTA MESA VERDE
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

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 P : 934 feet from the S line and 1022 feet from the E line  
 Section 15 Township 26N Range 06W NMPM County RIO ARRIBA

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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 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.

**8/27/2019** - MIRU. ND WH, NU BOP. TOH w jts, tbg, sn & nc.  
**8/28/2019** - TIH w bit, csg scrapper, RBP. Set @1007. TOH. Circ w 22 bbl KCL. ND BOP. ND tbg hea. Install nighth cap. SD until WH repairs are made  
**08/29/2019** - NU rebuilt WH. Install new seals in H-plate. NU WH. Tested void @ 2000 psig. PT ok. NU BOP. RIH w retrieveing head, tbg. Circ clean to RBP. Rls RBP.  
**08/30/2019** - TIH w nc, sn jts, tbg. RIH w tbg broach. Tag SN no ti spots. POH. Ld tbg broach. SN @ 7,377. EOT @ 7,378, ND BOP, NU WH. RDMO  
**9/11/2019** - MIRU. Swab tls. 3 runs, 2 hrs. Well KO flwg. Drop BHBS & dual pad plngr. Cycled plngr to surf. RWTP. RDMO

*Report tubing size, weight & grade*

Spud Date:  Rig Release Date:

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

SIGNATURE Samantha Avarello TITLE Regulatory Technician DATE 07/18/2019

Type or print name Samantha Avarello E-mail address: savarello@mspartners.com PHONE: 817-334-7747

**For State Use Only** APPROVED BY: Monica Kubling TITLE Deputy Oil & Gas Inspector, District #3 DATE 10-24-19

Conditions of Approval (if any): JAR