

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 August 1, 2011

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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 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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: WELL PLUGGED AND ABANDONED 06/23/20..</p>
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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.

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: C O A DATE: 7-10-20

Conditions of Approval (if any)