

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 Dr.
 Santa Fe, NM 87505

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.)		WELL API NO. 30-039-26214
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CROSS TIMBERS ENERGY, LLC		6. State Oil & Gas Lease No. 314509
3. Address of Operator 400 WEST 7th STREET, FORT WORTH, TX 76102		7. Lease Name or Unit Agreement Name EUL CANYON SWD
4. Well Location Unit Letter <u>M</u> : <u>1105</u> feet from the <u>S</u> line and <u>780</u> feet from the <u>W</u> line Section <u>24</u> Township <u>32N</u> Range <u>06W</u> NMPM County <u>RIO ARRIBA</u>		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6346'		9. OGRID Number 298299
		10. Pool name or Wildcat (96159) ENTRADA-CHINLE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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: <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.

TUBING/CASING REPAIR

OIL CONS. DIV DIST. 3

MAY 21 2015

Notify OCO of any casing work prior to repair

Spud Date: 09/25/1999

Rig Release Date: 10/31/1999

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

SIGNATURE *Robbie A. Grigg* TITLE Regulatory Compliance DATE 5/1/2015

Type or print name Robbie A Grigg E-mail address: rgrigg@mspartners.com PHONE: 817-334-7842

APPROVED BY: *Bob Bell* TITLE DEPUTY OIL & GAS INSPECTOR DATE 6/3/15
 Conditions of Approval (if any): AV

For State Use Only