Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Revised July 18, 2013 Energy, Minerals and Natural Resources District I - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 300-39-08161 District II - (575) 748-1283 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease District III - (505) 334-6178 1220 South St. Francis Dr. STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe. NM 87505 6. State Oil & Gas Lease No. District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM NMNM-03554 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Breech C DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number # 323 1. Type of Well: Oil Well Gas Well X Other 2. Name of Operator 9. OGRID Number Cross Timbers Energy LLC. 298299 3. Address of Operator 10. Pool name or Wildcat 36 Road 350 Flora Vista, NM 87415 Basin Dakota 4. Well Location Unit Letter M 890 feet from the S line and 1190 feet from the W line Section 14 Township Range 6W **NMPM** 26N County: Rio Arriba 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6.736' GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS.□ PANDA **PULL OR ALTER CASING** MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: RWTP OTHER: 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. Cross Timbers Energy LLC., has returned this well to production @ 9:00 AM 10/07/2015. OIL CONS. DIV DIST. 3 OCT 1 3 2015 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** TITLE Production Foreman DATE 10/07/2015 Jeff Waggoner Type or print name E-mail address: jwaggoner@ctfieldsvcs.com PHONE: 505-334-7438 For State Use Only APPROVED BY: TITLE DATE Conditions of Approval (if any):