

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.) 1. Type of Well: Oil Well <input type="checkbox"/> X Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-045-25878
2. Name of Operator CROSS TIMBERS ENERGY, LLC		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 400 W 7TH STREET, FORT WORTH, TX 76102		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>A</u> : <u>820</u> feet from the <u>N</u> line and <u>1070</u> feet from the <u>E</u> line Section <u>16</u> Township <u>29N</u> Range <u>11W</u> NMPM County <u>SAN JUAN</u>		7. Lease Name or Unit Agreement Name STATE GAS COM CA
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		8. Well Number <u>1</u>
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		9. OGRID Number 298299
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		10. Pool name or Wildcat OTERO CHACRA
SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <u>RETURN TO PRODUCTION</u> <input checked="" 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.

CROSS TIMBERS HAS RETURNED WELL TO PRODUCTION 3/21/2019
 40 MCF

NMOCD
 MAR 29 2019
 DISTRICT III

Spud Date: 06/10/1984 Rig Release Date:

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

SIGNATURE Samanntha Avarello TITLE Regulatory Technician DATE 03/21/2019

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

For State Use Only ACCEPTED FOR RECORD

APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): AV