

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

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.)	6563 GL

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

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.

- MI&RU Workover Rig
- Killing well w/ fluid
- ND WH & NU BOP
- TOOH & Stand Back TBG
- Run RBP & Set @ +/-500'
- ND BOP, XO WH
- NU BOP
- TIH & Recover RBP
- TIH w/ TBG
- ND BOP & NU WH
- Test Bradenhead
- RD&MO Rig

* Report findings prior to remediation or moving off well as additional work may be required

NMOCD

JUL 22 2019

DISTRICT III

Notify NMOCD 24 hrs prior to beginning operations

Spud Date: 07/17/1984

Rig Release Date: 09/18/1984

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 07/18/2019

Type or print name Samanntha Avarello E-mail address: savarello@mpartners.com PHONE: 817-334-7747
For State Use Only

APPROVED BY: Bob Bell TITLE SUPERVISOR DISTRICT #3 DATE 8/6/19

Conditions of Approval (if any): * See above AR