

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator  
Cross Timbers Operating Company

3a. Address  
2700 Farmington Ave, Bldg. K Ste 1 Farmington, NM 87401 505-324-1090

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1,750' FSL & 1,750' FWL, Sec 21, T-27-N, R-8-W

3b. Phone No. (include area code)

5. Lease Serial No.

NMNM03380

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No

8. Well Name and No.  
Florance D LS #14

9. API Well No.  
30-045-06347

10. Field and Pool, or Exploratory Area  
Otero CH/S Blanco PC/Blanco MV

11. County or Parish, State  
San Juan NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize <input type="checkbox"/> Deepen <input type="checkbox"/> Production (Start/Resume) <input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing <input type="checkbox"/> Fracture Treat <input type="checkbox"/> Reclamation <input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair <input type="checkbox"/> New Construction <input type="checkbox"/> Recomplete <input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans <input type="checkbox"/> Plug and Abandon <input type="checkbox"/> Temporarily Abandon <u>Downhole Commingle</u>
	<input type="checkbox"/> Convert to Injection <input type="checkbox"/> Plug Back <input type="checkbox"/> Water Disposal

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximated duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

Cross Timbers requests approval to downhole commingle the above mentioned well in the following manner:

1. MIRU PU.
2. POH w/dual completion equipment.
3. Clean out to PBTD @ 4,716' if needed.
4. RIH w/production string and land tubing @ 4,650'.
5. Swab well to flowing & RWTP.
6. Install pumping unit equipment if necessary.

This work will start as soon as BLM and NMOC D approval is granted.

*must be approved by OGD - Santa Fe, engineering bureau on C-107 A*

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)  
Darrin Steed

Title  
Operations Engineer

Date 12/20/00

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date MAR 20 2001

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon

Office

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on reverse)

NMOC D