

FORM APPROVED
 IB NO. 1004-0135
 Date: 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 CO.				
3a. Address	2700 FARMINGTON AVE., BLDG K, SUITE 1 FARMINGTON, CT 06031-87401		3b. Phone No. (include area code) 505.324.1090 Ext 4003	
4. Location of Well		(Fracture, Sec., T., R., M., or Survey Description)		
705FEL 1300FSL		P-16-27-10		

5.	County No.	
6.	Lot No.	2
7.	Plattee or Tribe Name	
8.	Agreement Name and/or No.	
9.	Section and No.	
10.	Section F 1E	
11.	Section	
12.	Section 045	55
13.	Section, or Exploratory Area	
14.	Section AKOTA	
15.	County, Parish, and State	
16.	Section NM	

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORTED USER DATA

TYPE OF SUBMISSION	TYPE OF ACTION				DATE	TIME	BY	REMARKS
☐ Notice of Intent ☒ Subsequent Report ☐ Final Abandonment Notice	☐ Acidize ☐ Alter Casing ☐ Casing Repair ☐ Change Plans ☐ Convert to Injection	☐ Deepen ☐ Fracture Treat ☐ New Construction ☐ Plug and Abandon ☐ Plug Back	☐ Produce ☐ Reclaim ☐ Reconvert ☐ Temporarily Shut-in ☐ Waterflood	☐ Water Shut-Off ☐ Well Integrity ☒ Other				

13. Describe Proposed or Completed Reclamation (clearly state all pertinent details, including estimated starting date of any proposed work and the estimated duration thereof. If the proposal is to deepen the well or recompletes horizontally, give subsurface locations and measured and true vertical depth of the well, and the 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 reclamation work must be completed within 30 days following completion of the proposed operations. If the operation results in a multiple completion or recompletion in a new interval, a new bond must be filed once testing has been completed. The proposed reclamation Notices shall be filed only after all requirements, including reclamation, have been determined that the site is ready to be used in perpetuity.)

03/03/01: Pressure tested fr/6,412' csg to 3,000 psig for 30 minutes. Held OK. 03/07/01: Ran GR/CC logs. Performed acid & 35 - W/2% KCL water @ 10 BPM & 1,500 PSIG. Acidized csg perfs fr/3,307'-6,554' dwn csg w/1,500 gal. acid & 35 - W/2% KCL water @ 10 BPM & 1,500 PSIG. Acidized csg perfs fr/3,307'-6,554' dwn csg w/56,500 gallons BORATE XL, 25# GUARANTEE KCL water & 7/8" 1.3 SG BS. FRAC'D Dr perfers fr/3,307'-6,554' dwn csg w/56,500 gallons BORATE XL, 25# GUARANTEE KCL water & 100,400# 20/40 OTTAWA GL & 24,300# 20/40 BORDEN SB EXCEL curable resin coated sd. SD started at 10 BPM & 1,500 PSIG. Isotopes. AIR 50 BPM. ATP 2,800 PSI/G. MAX TP 3,268 PSI/G. ISIP 742 psig. 30 SEC SIP 668 psig. 5" SIP 522 psig. 15" SIP 504 psig. 15" SIP 439 psig 03/10/01: MIRU PU. SICP 800 psig. Open well to pit. Tagged fill @ 6,586' (15' fill). Tagged fill @ 6,586' (15' fill). W'ell KO. Tagged fill @ 6,700' (15' fill). Landed prod tbg as follows: 2-3/8" J-55, EUE, 3RD tbg. EOT set @ 6,462'. SN set @ 6,462'. TP & muleshoe collar, 2-3/8" J-55, EUE, 3RD tbg. EOT set @ 6,462'. SN set @ 6,462'. TP &

Electronic Submission #3022 was Committed to AFMSS 3/21/2001	by the BLM Web Information System for CROSS TIMBERS OPERATING UNIT by Maurice Johnson on 03/21/2001	Kingston Field Office
Name (Printed/Typed)	DREN W. FOTHERGILL	Title
Signature		ENGIN
	Date	03/21/2001

ACCEPTED FOR RE...

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Conditions of approval, if any, are _____ I hereby certify that the applicant has _____ which would entitle the applicant to _____	Title _____ Office _____	MAR 23 200 Date _____ FARMINGTON FIELD C BY _____
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Title 18 U.S.C. Section 1001(a)(1) 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully

ACCEPTED FOR RECORD

MAR 23 2001

Date

FARMINGTON FIELD OFFICE

BY [Signature]

Department or agency of the United States: _____