

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

Received NMOCD 1/4/20

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-03142	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. 312819	
7. Lease Name or Unit Agreement Name STATE SECTION 27	
8. Well Number 2	
9. OGRID Number 298299	
10. Pool name or Wildcat SWD;DEVONIAN	
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"/> Gas Well <input type="checkbox"/> Other SWD	
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 <u>H</u> : <u>1980</u> feet from the <u>N</u> line and <u>660</u> feet from the <u>E</u> line Section <u>27</u> Township <u>18-S</u> Range <u>35-E</u> NMPM County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3887 GR	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> P AND A <input type="checkbox"/>
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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.

MIRU 1/4/2021

- MIRU. Release packer and POOH w/ packer and 4-1/2" IPC tbg. Redress packer and replace tubing as needed
- RBIH w/ 4-1/2" IPC tbg, test in hole, set packer at previous setting depth of 11,854'. Pressure test backside. Release from packer, circulate backside w/ packer fluid, latch back on to packer. Contact NMOCD & run MIT per OCD representative's directive. RDMO.

Condition of Approval: notify
 OCD Hobbs office 24 hours
 prior of running MIT Test & Chart

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 Samanntha Avarello TITLE Regulatory Technician DATE 01/04/2021

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

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 1/4/21
 Conditions of Approval (if any):