Submit 1 Copy To Appropriate District	state of New Mexico	Form C-103
Office District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr. Hobbs NM.8824000 CCD		Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 8824BBS OCD District II - (575) 748-1283 811 S. First St. Artagia, NM 88210 OIL CONSERVATION DIVISION		30-025-33865
District III. (505) 224 (170	0 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
<u>Districtiv</u> (303) 470 3100	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505 PECFIVED		312471
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		SOUTHEAST MALJAMAR GB/SA UNIT
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number 616
2. Name of Operator CROSS TIMBERS ENERGY, LLC		9. OGRID Number 298299
3. Address of Operator		10. Pool name or Wildcat
400 WEST 7th STREET, FORT WORTH, TX 76102		MALJAMAR;GRAYBURG-SAN ANDRES
4. Well Location Unit Letter N : 775 feet from the S line and 2590 feet from the line		
	nship 17S Range 33E	NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
4049 GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK		<u> </u>
TEMPORARILY ABANDON		
PULL OR ALTER CASING		
CLOSED-LOOP SYSTEM		
OTHER:	OTHER:	d aire nortinant datas including actimated data
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.		
Pull well, LD tbg & rods, test csg integrity, refrac existing perfs, return to production		
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Spud Date: 03/18/1997	Rig Release Date: 04/18/199	7
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Thereby Certify that the information above is true and complete to the best of my knowledge and benef.		
SIGNATURE Soffie G. Guega TITLE REGULATORY COMPLIANCE DATE 04/16/2014		
Type or print name ROBBIE A GRIGG For State Use Only	E-mail address: rgrigg@msp	artners.com PHONE: 817-334-7842
Petroleum Engineer APR 23 2014		
APPROVED BY: Conditions of Approval (if any):	TITLETENOIGEN DIGINO	DATE ATT