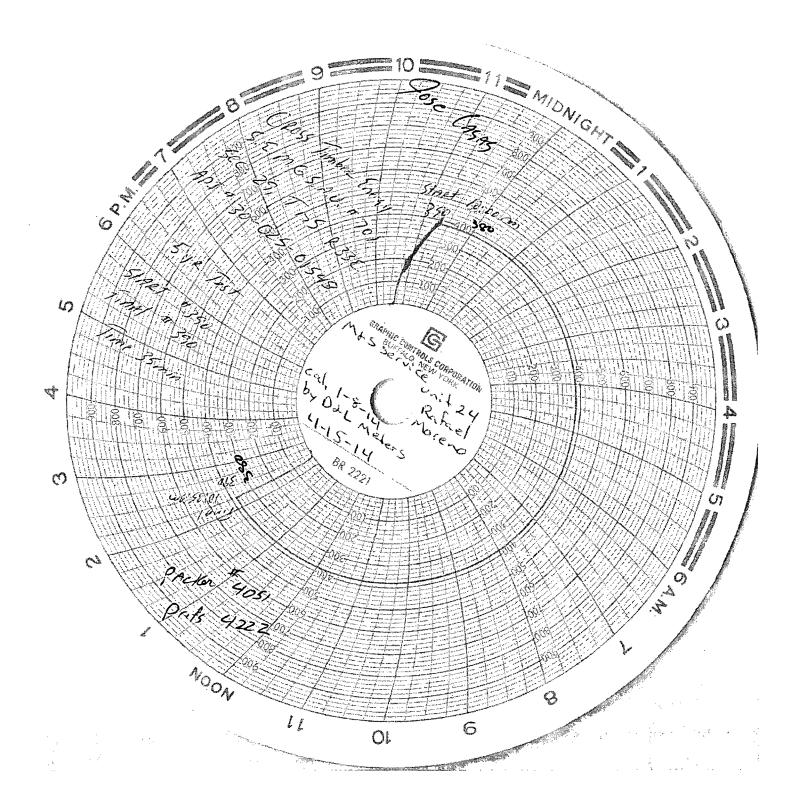
Submit 1 Copy T Office	o Appropriate District	State of New Mexico		Form C-103
District 1 - (575)	Energy, Minerals and Natural Resources		Revised July 18, 2013	
1625 N. French   District II = (575	1625 N. French Dr., Hobbs, NM 88240			WELL API NO. 30-025-01548
OII D. I Hat.Dit.	11 5. 1 113. 5.1., 7 114.314, 1411 00210			5. Indicate Type of Lease
District III – (50 1000 Rio Brazos	Strict III – (505) 334-6178 100 Rio Brazos Rd., Aztec, NM, 874 10 1 2014 Strict IV – (505) 476-3460 MAY  1220 South St. Francis Dr.  Santa Fe, NM 87505		STATE FEE	
District IV – (505) 476-3460 MAY Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & Gas Lease No.	
87505			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 GSAU	
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other			8. Well Number 701	
2. Name of Operator			9. OGRID Number 298299	
CROSS TIMBERS ENERGY, LLC  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 teet from the line and feet from the line				
Section 29 Township 17S Range 33E NMPM County LEA				
11. Elevation (Show whether DR, RKB. RT, GR. etc.)				
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   ALTERING CASING				
TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS. P AND A				
		MULTIPLE COMPL	CASING/CEMEN	NT JOB
	COMMINGLE  OP SYSTEM			
OTHER:			OTHER:	MIT
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.				
MIT TEST: 4/15/2014				
390 #; 35 MIN. CHART ATTACHED				
CHARTATIACHED				
Spud Date:	11/15/1943	Rig Release	Date: 03/11/19	44
		Rig. Reicasi	Date. OSTITIO	7-7
			Date. 103/11/19	
Lhereby certif				
I hereby certif		ove is true and complete to the		
•	y that the information at	pove is true and complete to the	ne best of my knowled	ge and belief.
SIGNATURE	y that the information at	ove is true and complete to the	ne best of my knowled	ge and belief.  DMPLIANCE DATE 04/24/2014
SIGNATURE Type or print	y that the information at South A. Sout	ove is true and complete to the	ne best of my knowled	ge and belief.
SIGNATURE Type or print For State Use	y that the information at Supply Aname ROBBIE A GI	TITLE RE	Te best of my knowled	ge and belief.  DMPLIANCE DATE 04/24/2014  partners.com PHONE: 817-334-7842
SIGNATURE Type or print For State Use APPROVED	y that the information at Supply Aname ROBBIE A GI	TITLE RE	ne best of my knowled	ge and belief.  DMPLIANCE DATE 04/24/2014  partners.com PHONE: 817-334-7842





FOR RECORD ONLY