Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103	
<u>District I</u> - (575) 393-6161	Energy, Minerals and Natural Resources			Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO. 30-025-37897	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lea	ace
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE	FEE
District IV - (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			312471	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit	Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			SEMGSAU	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				
1. Type of Well: Oil Well Gas Well Other				17
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;GRA	YBURG-SAN AN
4. Well Location K	. 1704 foot from the S	RECEIVED 199	98	W
Unit Letter	:feet from the	line and	teet from the	line
Section 29		ange 33E	NMPM Cou	inty LEA
	11. Elevation (Show whether DR	, RKB, RT, GR, etc.,	4061 KE	
				and the second s
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
				ERING CASING
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING OPNS. P AND A			
PULL OR ALTER CASING				
DOWNHOLE COMMINGLE	]			
CLOSED-LOOP SYSTEM	]		MI	r –
OTHER:	anleted exerctions (Clearly state all	OTHER:		<u> </u>
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: CHART ATTACHED				
CONVERTED PRODUCING WELL TO INJECTION WELL NOTIFIED OCD- NO WITNESS				
NOTIFIED OCD- N	IO WITNESS			
			E-PERMITTING	P&A R
			P&A NR	ran
WFX - 927 INT to P&A CHG LOC CSNG CHG LOC				CHGToc
	WEXTEXT		CSNGCWG	TYPE CAD
			TA	*** *** *** *** *** *** *** *** *** **
Spud Date: 12/17/1979	Rig Release Da	ate: 12/26/197	<b>'</b> 9	
12/1//10/0		12,20,107		
I hereby certify that the informatio	n above is true and complete to the b	est of my knowledge	e and belief.	
$\mathcal{L}$				
SIGNATURE Laura	Stone TITLE REGI		MPLIANCE DATE	7/17/14
SIGNATURE AQUIA STORE TITLE REGULATORY COMPLIANCE DATE 7/17/14				
Type or print name LAURA STONE E-mail address: rgrigg@mspartners.com PHONE: 817-334-7842				
For State Use Only A A				
APPROVED BY: Maley Stown DILE Sist Supervisor DATE 7/29/2014				
APPROVED BY: Maley Hown Title Sest Supervisor DATE 7/29/2014  Conditions of Approval (if any):  AUG 0:5 2014				
Conditions of Approval (if any):				
AUG 0 0				

