

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

HOBBSOCD State of New Mexico
 Energy, Minerals and Natural Resources
MAR 28 2015
RECEIVED OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

WELL API NO. 30-025-01549	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. 312471	
7. Lease Name or Unit Agreement Name SEMGSAU	
8. Well Number 703	<input checked="" type="checkbox"/>
9. OGRID Number 298299	
10. Pool name or Wildcat MALJAMAR; GRAYBURG-SAN AN	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	4075 GR

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 Gas Well Other

2. Name of Operator
CROSS TIMBERS ENERGY, LLC

3. Address of Operator
400 WEST 7th STREET, FORT WORTH, TX 76102

4. Well Location
 Unit Letter **P** : **660** feet from the **S** line and **990** feet from the **E** line
 Section **29** Township **17-S** Range **33-E** NMPM County **LEA**

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

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

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.

5 YR. MIT TEST 3/11/15
(START PRESSURE 360, END PRESSURE 335)
CHART ATTACHED

Spud Date: **12/6/1952**

Rig Release Date: **1/16/1953**

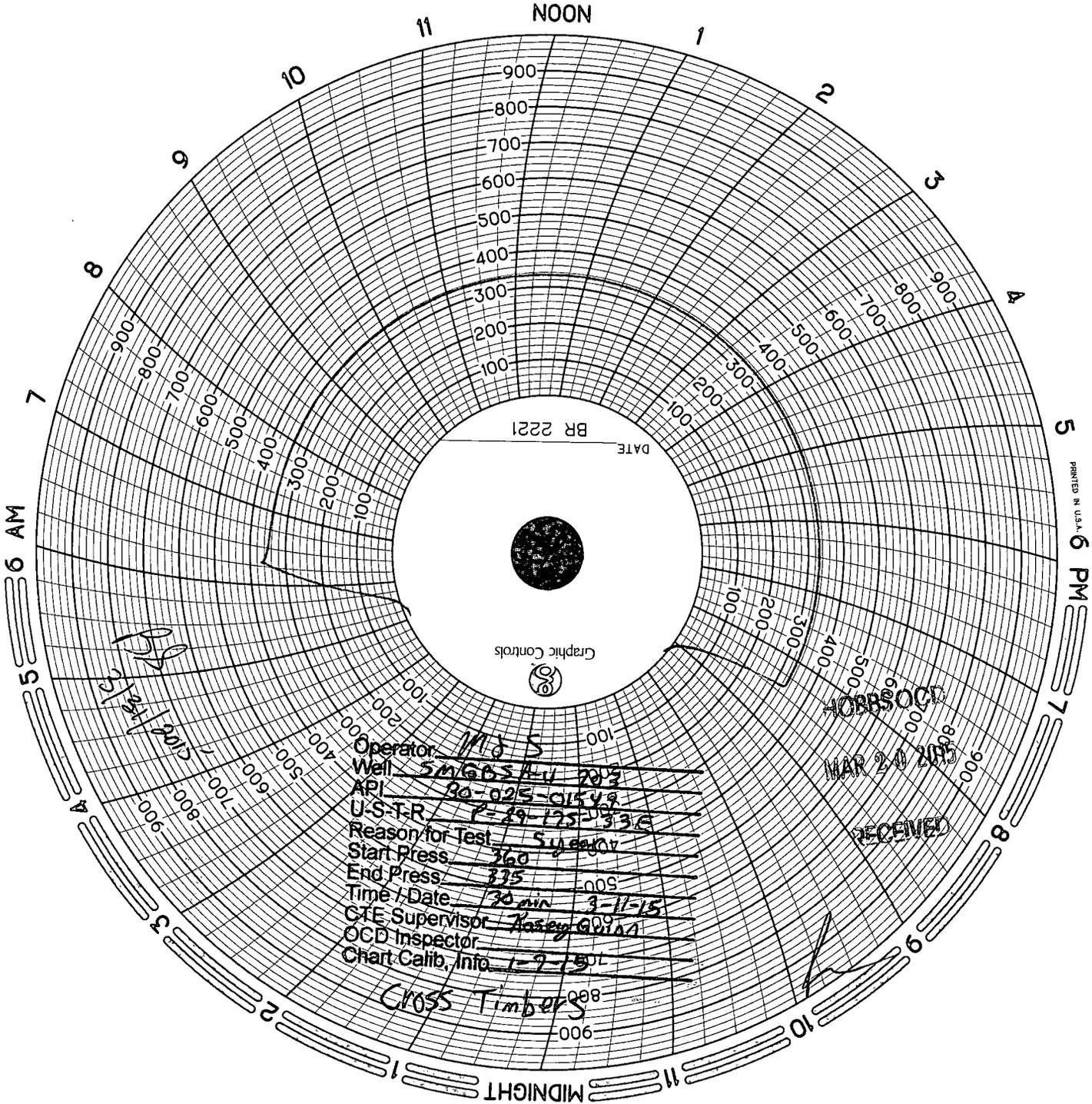
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Laura Stone TITLE Regulatory Compliance DATE 3/18/2015

Type or print name LAURA STONE E-mail address: rgrigg@mspartner.com PHONE: 817-334-7842
For State Use Only

APPROVED BY: Biel Semamah TITLE Staff Manager DATE 3/31/2015
 Conditions of Approval (if any):

APR 02 2015



DATE BR 2221



Operator M.D.S.
 Well 5MGBSA-U 202
 API 20-025-01548
 U-S-T-R P-29-125-338
 Reason for Test Surge
 Start Press 360
 End Press 375
 Time / Date 30 min 3-11-15
 GTE Supervisor Josey Quinn
 OCD Inspector _____
 Chart Calib. Info 1-2-15

Cross Timbers

RECEIVED
 MAR 24 2015

[Handwritten signature]
 GTE
 2/2/15