

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

HOBBSOCI State of New Mexico
Energy, Minerals and Natural Resources
MAR 20 2015
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
RECEIVED Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

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.)		WELL API NO. 30-025-33593 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CROSS TIMBERS ENERGY, LLC		6. State Oil & Gas Lease No. 312471
3. Address of Operator 400 WEST 7th STREET, FORT WORTH, TX 76102		7. Lease Name or Unit Agreement Name SEMGSAU ✓
4. Well Location Unit Letter A : 330 feet from the N line and 330 feet from the E line Section 32 Township 17-S Range 33-E NMPM County LEA		8. Well Number 908 ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 298299
		10. Pool name or Wildcat MALJAMAR; GRAYBURG-SAN AN

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 325, END PRESSURE 305)
CHART ATTACHED

Spud Date:

10/16/1996

Rig Release Date:

11/22/1996

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@mspartners.com** PHONE: **817-334-7842**

For State Use Only

APPROVED BY:

Bill Sanamah

TITLE

Staff Manager

DATE

3/31/2015

Conditions of Approval (if any):

APR 02 2015

NOON

DATE BR 2221

Graphic Controls



Operator M & S
 Well SMG BSAU 905
 API 30-095-38593
 U.S.T.R. A-32-175-332
 Reason for Test 325
 Start Press 305
 End Press 305
 Time / Date 9-16-15
 CTE Supervisor Rosey Gains
 OCD Inspector 1-2-15
 Chart Calib. Info

Graphed OCD

M & S

FORBES-OCD

MAR 20 2015

RECEIVED

3/31/2015

MIDNIGHT

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