

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

State of New Mexico
Energy, Minerals and Natural Resources
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

HOBBS OGD
MAR 20 2015
RECEIVED

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-03142 01342
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 SEMGS AU
8. Well Number 6
9. OGRID Number 298299
10. Pool name or Wildcat MALJAMAR; GRAYBURG-SAN AN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4036 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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> 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 I : 2310 feet from the S line and 430 feet from the E line Section 32 Township 17-S Range 33-E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4036 GR	

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 370, END PRESSURE 373)
CHART ATTACHED

Spud Date:

11/10/1961

Rig Release Date:

11/30/1961

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 Samanah

TITLE

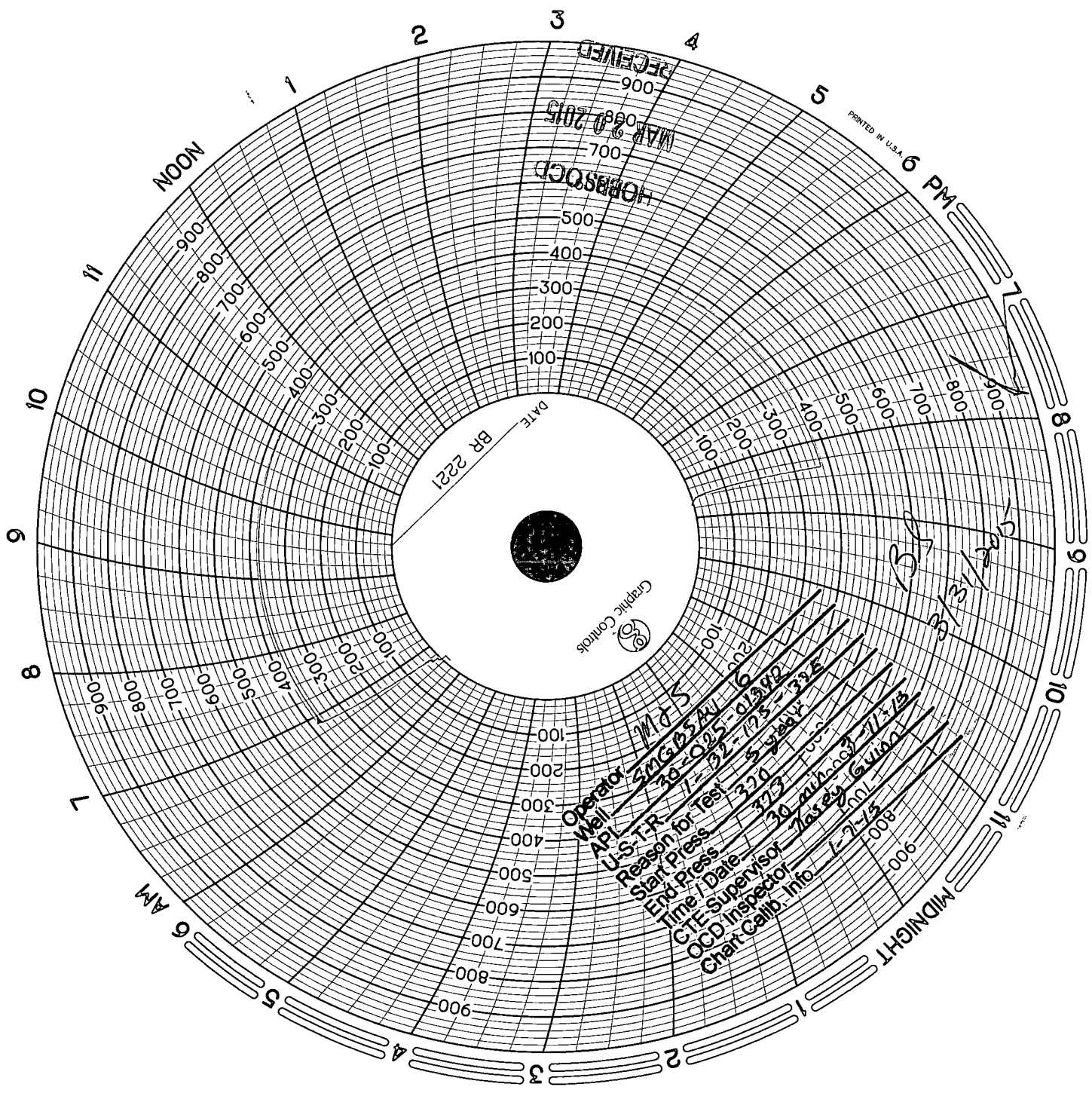
Staff Manager

DATE

4/01/2015

Conditions of Approval (if any):

APR 14 2015



Graphic Controls



RECEIVED

MAR 20 2015

HOBBS

DATE BR 2221

Operator M & S

Apl. 2MGB5AL 16

U.S.T.R. 30-025-01302

Reason for Test 323

Start Press 323

End Press 323

Time Date 30 min 3-7-13

CITE Supervisor Tasey

OCD Inspector Tasey

Chart Calib. Info 1-2-13

MIDNIGHT

NOON