

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

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

Form C-103  
Revised July 18, 2013

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br><b>30-025-01549 33869</b>                                                           |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br><b>312471</b>                                                       |
| 7. Lease Name or Unit Agreement Name<br><b>SEMGS AU</b>                                             |
| 8. Well Number <b>714</b>                                                                           |
| 9. OGRID Number <b>298299</b>                                                                       |
| 10. Pool name or Wildcat<br><b>MALJAMAR; GRAYBURG-SAN AN</b>                                        |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br><b>4081 GR</b>                                |

|                                                                                                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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<br><b>CROSS TIMBERS ENERGY, LLC</b>                                                                                                                                                              |  |
| 3. Address of Operator<br><b>400 WEST 7th STREET, FORT WORTH, TX 76102</b>                                                                                                                                           |  |
| 4. Well Location<br>Unit Letter <b>P</b> : <b>1200</b> feet from the <b>S</b> line and <b>900 900</b> feet from the <b>E</b> line<br>Section <b>29</b> Township <b>17-S</b> Range <b>33-E</b> NMPM County <b>LEA</b> |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br><b>4081 GR</b>                                                                                                                                                 |  |

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 360)  
CHART ATTACHED

**380, 380**

Spud Date:

**3/30/1997**

Rig Release Date:

**5/3/1997**

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 Serrano**

TITLE

**Staff Manager**

DATE

**3/31/2015**

Conditions of Approval (if any):

**APR 14 2015**

NOON

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MIDNIGHT

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DATE BR 2221

Graphic Controls

RECEIVED

MAR 20 2015

HOBBS

Operator  
Vivell  
C. A. P.  
Reason for Test  
Start Press  
End Press  
Time Date  
CTE Supervisor  
OCD Inspector  
Chart Calib. Info  
Cross  
Timber

3/31/2015

B.S.

388