

Submit 1 Copy To Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised July 18, 2013

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 OGD**  
**RECEIVED**  
FEB 29 2016

**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-22630
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 312507
7. Lease Name or Unit Agreement Name BRIDGES STATE
8. Well Number 127
9. OGRID Number 298299
10. Pool name or Wildcat VACUUM; GRAYBURG-SAN ANDRES
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4060 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  *Drig*

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 M : 600 feet from the S line and 560 feet from the W line  
Section 24 Township 17S Range 34E NMPM County LEA

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 checked="" 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"/>	MIT <input checked="" type="checkbox"/>	OTHER: <input 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.

REQUEST TO PERFORM MIT ON WEDNESDAY, MARCH 2nd.

*1 YEAR T/A EXT.*  
*MSB*

**Condition of Approval: notify  
OCD Hobbs office 24 hours  
prior of running MIT Test & Chart**

Spud Date: 06/28/1968      Rig Release Date: 07/08/1968

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

SIGNATURE *Robbie A. Grigg* TITLE Regulatory Compliance DATE 2/26/2016

Type or print name Robbie A Grigg E-mail address: rgrigg@mspartner.com PHONE: 817-334-7842

**For State Use Only**  
APPROVED BY: *Maley Brown* TITLE Dist Supervisor DATE 2/29/2016  
Conditions of Approval (if any):

MAR 01 2016

*MSB*