

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 OCD
FEB 29 2016 RECEIVED

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

WELL API NO. 30-025-29675
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil & Gas Lease No. 312507
7. Lease Name or Unit Agreement Name BRIDGES STATE
8. Well Number 511
9. OGRID Number 298299
10. Pool name or Wildcat SWD; SAN ANDRES
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4028' 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 [X] Gas Well [] Other SWD [X]
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 O : 474 feet from the S line and 1904 feet from the E line
Section 23 Township 17S Range 34E NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4028' GR

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

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK [] PLUG AND ABANDON []
TEMPORARILY ABANDON [X] CHANGE PLANS []
PULL OR ALTER CASING [] MULTIPLE COMPL []
DOWNHOLE COMMINGLE []
CLOSED-LOOP SYSTEM []
OTHER: MIT [X] OTHER: []
SUBSEQUENT REPORT OF:
REMEDIATION WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS. [] P AND A []
CASING/CEMENT JOB []

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.
MB

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

Spud Date: 07/24/1986 Rig Release Date: 08/02/1986

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@mpartners.com PHONE: 817-334-7842

APPROVED BY: Mark Brown TITLE Dist Supervisor DATE 2/29/2016
Conditions of Approval (if any):

MAR 01 2016

MB