

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

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-025-02133
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 52
9. OGRID Number 298299
10. Pool name or Wildcat VACUUM;GRAYBURG-SAN AND
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4640 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

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 **A** : **660** feet from the **N** line and **660** feet from the **E** line
 Section **27** Township **17S** Range **34-E** NMPM County **LEA**

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

E-PERMITTING <SWD INJECTION> CONVERSION <input type="checkbox"/> RBDMS BS <input type="checkbox"/> RETURN TO <input type="checkbox"/> TA <input type="checkbox"/> CSNG <input type="checkbox"/> ENVIRO <input type="checkbox"/> CHG LOC <input type="checkbox"/> INT TO PA <input type="checkbox"/> P&A NR <input type="checkbox"/> P&A R <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: TA EXT <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.

3/3/2016
 5 YR. MIT TEST
 (START PRESSURE 580, END PRESSURE 580)
 CHART ATTACHED
 (PASSED)

This Approval of Temporary Abandonment Expires 3/3/2017

Spud Date: Rig Release Date:

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 3/3/2016

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 Manage DATE 3/10/16
 Conditions of Approval (if any):

MAR 15 2016

5 PRINTED IN U.S.A. 6 PM 7

NOON

MIDNIGHT

DATE
BR 2221

Graphic Controls



Operator CROSSFORD
 Well B.S. 52
 API 30-02392-02113
 U.S.T.R. 4-38-173-342
 Reason for Test fla rest
 Start Press 5000 lb
 End Press 5800 lb
 Time / Date 12:00 3/3/12
 CTE Supervisor [Signature]
 OCD Inspector [Signature]
 Chart Calib. Info 2/12/12

HOBBS OCD
RECEIVED
 MAR 04 2012

