

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. <b>30-025-29169</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>312820</b>
7. Lease Name or Unit Agreement Name <b>BRIDGES STATE SEC 24</b>
8. Well Number <b>198</b>
9. OGRID Number <b>298299</b>
10. Pool name or Wildcat <b>VACUUM; GRAYBURG-SAN AND</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>4011 GR</b>

**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 **M** : **1310** feet from the **S** line and **1310** feet from the **W** line  
 Section **24** Township **17S** Range **34-E** NMPM County **LEA**

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

<b>E-PERMITTING &lt;SWD INJECTION&gt;</b> CONVERSION _____ RBDMS <b>BS</b> <input type="checkbox"/> RETURN TO _____ TA <b>PM</b> <input type="checkbox"/> CSNG _____ ENVIRO _____ CHG LOC _____ <input type="checkbox"/> INT TO PA _____ P&A NR _____ 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: <b>TA EXT</b> <input checked="" type="checkbox"/>
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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 560, END PRESSURE 540)  
 CHART ATTACHED  
 (PASSED)

**TA EXT**

**This Approval of Temporary Abandonment Expires 3/3/2017**

Spud Date: **5/3/1985** Rig Release Date: **5/10/1985**

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

MAR 15 2016

MIDNIGHT

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NOON

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Graphic Controls

DATE BR 2221

Operator Cross Timbas  
 Well BR2221  
 API 300832916  
 U.S.T.R. MA24175  
 Reason for Test 6807E  
 Start Press. 546  
 End Press. 546  
 Time / Date 2-23-16  
 CTE Supervisor K. Alhany  
 OCD Inspector K. Alhany  
 Chart Calib. Info. 9-12-16

RECEIVED  
 HOBBS OCD  
 MAP 11-2016

Start 546

End 546

BS  
 3/11/16

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