

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

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

Form C-103
Revised July 18, 2013

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.)		WELL API NO. <u>30-025-01963</u>
1. Type of Well: Oil Well ☐ Gas Well ☒ Other ☐		5. Indicate Type of Lease STATE ☒ FEE ☐
2. Name of Operator <u>CROSS TIMBERS ENERGY LLC</u>		6. State Oil & Gas Lease No. <u>B1520</u>
3. Address of Operator <u>400 W 1TH ST. FORT WORTH, TX 76102</u>		7. Lease Name or Unit Agreement Name <u>BRIDGES STATE</u>
4. Well Location Unit Letter <u>P</u> : <u>330</u> feet from the <u>S</u> line and <u>330</u> feet from the <u>E</u> line Section <u>3</u> Township <u>17S</u> Range <u>34E</u> NMPM County <u>LEA</u>		8. Well Number <u>086</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>4056 GR</u>		9. OGRID Number <u>298299</u>
		10. Pool name or Wildcat <u>VAC QUEEN GAS</u>

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

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

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.

1. MIRV PU, ADDH w/ Tbg
2. MU & RH w/ CIBP, SET @ 3882'
3. RUN MIT, TA WELL

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

Spud Date:

4/15/1956

Rig Release Date:

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

SIGNATURE

Connie Blaylock

TITLE

Regulatory Tech

DATE

5/1/2017

Type or print name

Connie Blaylock

E-mail address:

cblaylock@mspartners.com

PHONE:

817 334 7882

For State Use Only

APPROVED BY:

Mary Brown

TITLE

AO/II

DATE

5/5/2017

Conditions of Approval (if any):



