

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1233
 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

HOBBS OGD
RECEIVED
 JUN 29 2017

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

WELL API NO. 30-025-01548
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> /
6. State Oil & Gas Lease No. 312471
7. Lease Name or Unit Agreement Name SEMGSAU /
8. Well Number 701 /
9. OGRID Number 298299 /
10. Pool name or Wildcat MALJAMAR;GRAYBURG-SAN ANDRES
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4058 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 W 7TH ST, FORT WORTH, TX 76102

4. Well Location
 Unit Letter O : 660 feet from the S line and 1980 feet from the E line /
 Section 29 Township 17-S Range 33-E NMPM County LEA

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input 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"/>		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.

UNLATCH OOT, POOH & SCAN TBG.
 FOUND HOLE IN TBG. LD AND REPLACE 3 BAD JTS.
 RIH, CIRC PKR FLUID, LATCH OOT.
 PERFORM MIT, RWTI.
 PASSING MIT ATTACHED.

Spud Date: 11/18/1943

Rig Release Date: 2/21/1944

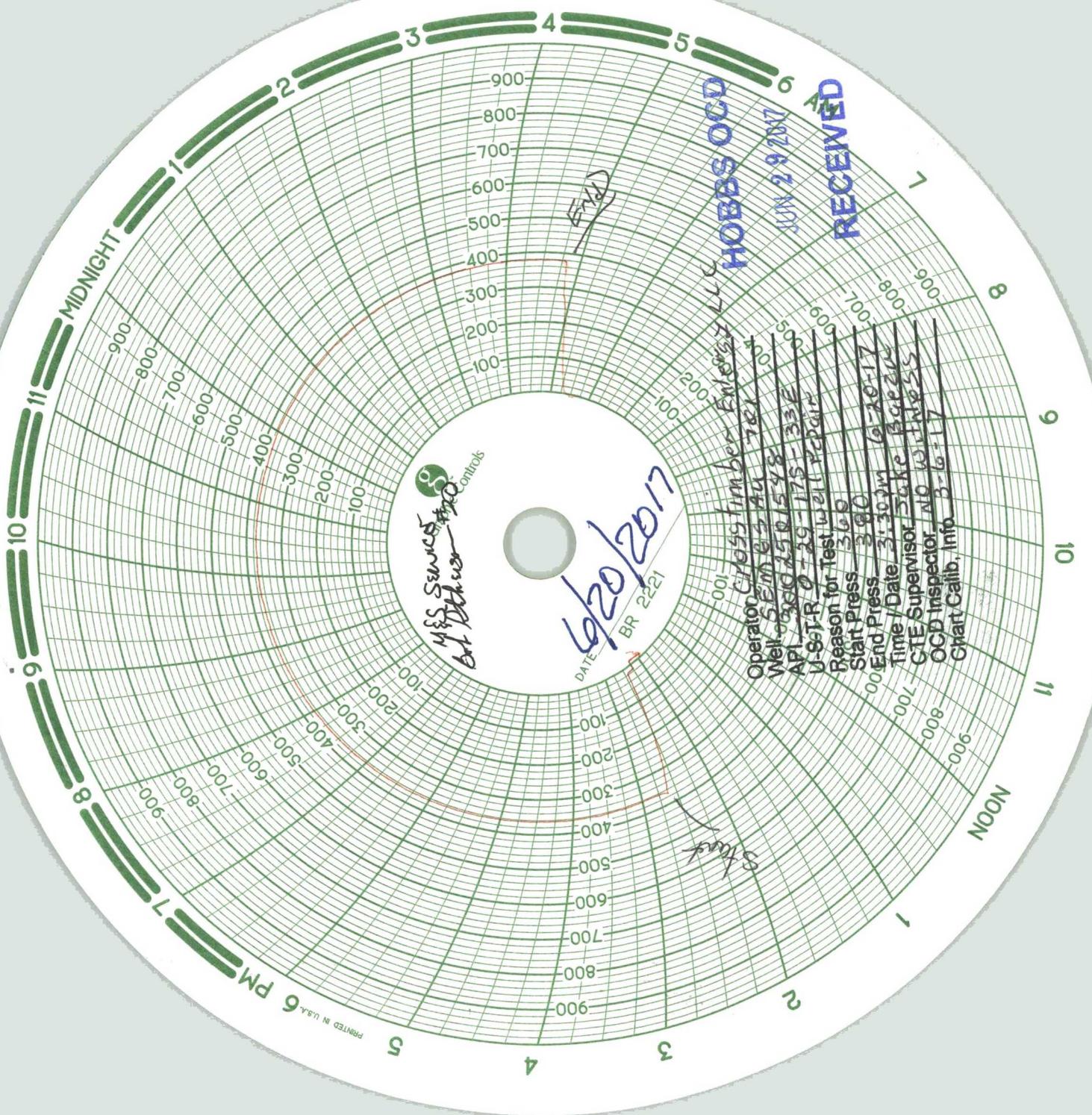
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Connie Blaylock TITLE REGULATORY TECH DATE 6/22/17

Type or print name CONNIE BLAYLOCK E-mail address: cblaylock@mspartner.com PHONE: 817-334-7882

For State Use Only
 APPROVED BY: Maley Brown TITLE AO/IT DATE 6/29/2017
 Conditions of Approval (if any):

RBDMS-CHART - ✓



MES SERVICES
 Bob DeWitt

DATE 6/20/2017
 BR 2221

HOBBS OGD
 JUN 29 2017
 RECEIVED

Operator Cross Timber Enterprises LLC
 Well 5510 83 44 781 4
 APL 380 450 1548
 MGR 0 29 175-33E
 Reason for Test Well Repair
 Start Press 360
 End Press 360
 Time / Date 3:30 PM 6-20-17
 CTE Supervisor Mike Bartz
 OGD Inspector NO WITNESS
 Chart Calib. Info 3-6-17