

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88249  
 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

**HOBBS OCD**  
**MAR 15 2018**  
**RECEIVED**

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		WELL API NO. 30-025-38702
2. Name of Operator CROSS TIMBERS ENERGY, LLC		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 400 W 7TH ST, FORT WORTH, TX 76102		6. State Oil & Gas Lease No. 312488
4. Well Location Unit Letter <u>P</u> : <u>660</u> feet from the <u>S</u> line and <u>990</u> feet from the <u>E</u> line Section <u>25</u> Township <u>16S</u> Range <u>34E</u> NMPM County <u>LEA</u>		7. Lease Name or Unit Agreement Name WHIRLWIND 25 ST
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4037 GR		8. Well Number 1
		9. OGRID Number 298299
		10. Pool name or Wildcat VACUUM; ATOKA-MORROW, N

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <u>EXTEND TA WITH CURRENT MIT</u> <input checked="" type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> 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: <input 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.

Request to perform MIT on March 22, 2018 to extend TA status.

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

Spud Date: 02/15/2008 Rig Release Date: 03/28/2008

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 03/14/2018

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

**For State Use Only**  
 APPROVED BY: Maley Brown TITLE AO/II DATE 3/15/2018  
 Conditions of Approval (if any):

NO PROD REPORTED - 72 MONTHS

MB