

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 August 1, 2011

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

HOBBS OCD  
 AUG 14 2018  
 RECEIVED

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| <p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></p> <p>(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.)</p> <p>1. Type of Well: Oil Well      Gas Well <input checked="" type="checkbox"/>      Other</p> <p>2. Name of Operator<br/> <b>CROSS TIMBER ENERGY, LLC</b></p> <p>3. Address of Operator<br/> <b>400 W. 7<sup>TH</sup> STREET, FORT WORTH, TEXAS 76102</b></p> <p>4. Well Location<br/>       Unit Letter <b>B</b> : <b>910</b> feet from the <b>NORTH</b> line and <b>2055</b> feet from the <b>EAST</b> line<br/>       Section <b>12</b>      Township <b>17S</b>      Range <b>34E</b>      NMPM      County <b>LEA</b></p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br/> <b>4,017' - GR</b></p> | <p>WELL API NO.<br/> <b>30-025-25167</b></p> <p>5. Indicate Type of Lease<br/>       STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/></p> <p>6. State Oil &amp; Gas Lease No.<br/> <b>312507</b></p> <p>7. Lease Name or Unit Agreement Name<br/> <b>BRIDGES STATE</b></p> <p>8. Well Number<br/> <b>183</b></p> <p>9. OGRID Number<br/> <b>298299</b></p> <p>10. Pool name or Wildcat<br/> <b>VACUUM; MIDDLE PENN</b></p> |
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**12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data**

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| <p align="center"><b>NOTICE OF INTENT</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLU<br/>       TEMPORARILY ABANDON <input type="checkbox"/> CHA<br/>       PULL OR ALTER CASING <input type="checkbox"/> MUL<br/>       DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>INT TO PA<br/>       P&amp;A NR: <u>PM</u><br/>       P&amp;A R: _____</p> <p>OTHER: <input type="checkbox"/></p> | <p align="center"><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/><br/>       COMMENCE DRILLING OPNS. <input type="checkbox"/> <b>PANDA</b> <input checked="" type="checkbox"/><br/>       CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: WELL PLUGGED AND ABANDONED <input type="checkbox"/></p> |
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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.

08/01/18: DID NOT TAG EXISTING CIBP @ 10,000'; CIRC. WELL W/ M.L.F. X PRES. TEST 5-1/2" CSG. TO 500# - HOLD PRES. FOR 15 MINS - HELD OK; PUMP 25 SXS. CMT. @ 10,018'-9,818' (PER OCD); PUMP 25 SXS. CMT. @ 7,100'-6,930'; PUMP 75 SXS. CMT. W/ 2% CACL @ 4,900'; WOC X TAG CMT. PLUG @ 4,597'.  
 PUMP 45 SXS. CMT. @ 2,950'-2,830'; PUMP 45 SXS. CMT. @ 1,722'-1,602'; MIX X CIRC. TO SURF. 220 SXS. CMT. @ 400'-13'; DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; SPOT 5 SXS. CMT. @ 13'-3'; WELD ON STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER.

Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms.  
 Restoration Due By 08-02-2019

Spud Date: MIRU: 07/31/18 R

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

SIGNATURE David A. Eyler TITLE: AGENT DATE: 08/09/18  
 Type or print name: DAVID A. EYLER E-mail address: [deyler@milagro-res.com](mailto:deyler@milagro-res.com) PHONE: 432.687.3033  
**For State Use Only**  
 APPROVED BY: Manuel Whitaker TITLE: P.E.S. DATE: 08/15/2018  
 Conditions of Approval (if any):