

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) 334-6161
 1000 Rio Brazos Rd., Aztec, NM 87422
 District IV - (505) 476-3444
 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 OGD
APR 15 2019
RECEIVED

WELL API NO.	30-025-29169
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	312820
7. Lease Name or Unit Agreement Name	BRIDGES STATE SEC 24
8. Well Number	198
9. OGRID Number	29829
10. Pool name or Wildcat	VACUUM; GRAYBURG- SAN ANDRES
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	4011' GR

SUNNY **PLUGS 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 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 *MIT*

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

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.

04/02/2019
 RUN MIT FOR TA STATUS EXTENSION
 START PRESSURE 560 PSI, END PRESSURE 540 PSI
 CHART ATTACHED

This Approval of TA EXPIRES: 10/22/19
FINAL TA STATUS EXTENSION
 Well needs to be PLUGGED or RETURNED to PRODUCTION
 BY THE DATE STATED ABOVE: KF

Spud Date: Rig Release Date:

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

SIGNATURE Samanntha Avarello TITLE Regulatory Technician DATE 04/12/2019

Type or print name Samanntha Avarello E-mail address: savarello@mspartners.com PHONE: 817-334-7747
For State Use Only

APPROVED BY: Kerry Forth TITLE Compliance Officer A DATE 4-22-19
 Conditions of Approval (if any)