

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 July 18, 2013

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

WELL API NO.	30-025-29675
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	312507
7. Lease Name or Unit Agreement Name	BRIDGES STATE
8. Well Number	511
9. OGRID Number	298299
10. Pool name or Wildcat	SWD; SAN ANDRES

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 SWD

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 O : 474 feet from the S line and 1904 feet from the E line
 Section 23 Township 17-S Range 34-E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 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: <u>MIT TA EXT</u> <input checked="" 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.

08/28/2019
 MIT FOR TA EXTENSION
 START PRESSURE 530, END PRESSURE 525
 CHART ATTACHED

Final Extension
Jem

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 2-28-20
 Well needs to be PLUGGED OR RETURNED
 to PRODUCTION
 BY THE DATE STATED ABOVE: 27

Spud Date: 07/24/1986

Rig Release Date: 08/02/1986

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

SIGNATURE Samantha Avarello TITLE Regulatory Technician DATE 09/05/2019

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

APPROVED BY: Kenny Fisher TITLE C.O. DATE 9-20-19
 Conditions of Approval (if any):

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name Cross Timbers Energy LLC		API Number 3002529675
Property Name Bridges State		Well No. 511

7. Surface Location

UL - Lot 0	Section 23	Township 175	Range 34E	Feet from 474	N/S Line F5L	Feet From 1904	E/W Line FEL	County Lea
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Well Status

TA'D Well YES NO	SHUT-IN YES NO	INJECTOR INJ SWD	PRODUCER OIL GAS	DATE 8-30-2019
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure					
Flow Characteristics					
Puff	Y /N	Y/N	Y/N	Y /N	CO2 _____
Steady Flow	Y/ N	Y/N	Y/N	Y/ N	WTR _____
Surges	Y/ N	Y/N	Y/N	Y/ N	GAS _____
Down to nothing	Y /N	Y/N	Y/N	Y /N	If applicable type
Gas or Oil	Y/ N	Y/N	Y/N	Y/ N	fluid injected for
Water	Y/ N	Y/N	Y/N	Y/ N	Waterflood

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: Alan Miller	OIL CONSERVATION DIVISION
Printed name: ALAN MILLER	Entered into RBDMS
Title:	Re-test
E-mail Address: AMiller@c+fieldsvcs.com	X
Date: 8-30-2019 Phone: 575-746-7212	
Witness:	