

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 Dr.  
 Santa Fe, NM 87505

**HOBBS OCD**  
**RECEIVED**  
**NOV 23 2019**

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	298299
10. Pool name or Wildcat	VACUUM; GRAYBURG- SAN ANDRES
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	4011 GR

SUNDRY NOTICES AND REPORTS ON WELLS  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO 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 1320 feet from the W line  
 Section 24 Township 17-S Range 34-E NMPM County LEA

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

*Jan.*

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: TA EXTENSION MIT <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.

10/17/2019  
 TA EXTENSION MIT  
 BEGINING PRESSURE 580, ENDING PRESSURE 540  
 CHART ATTACHED

**FINAL TA STATUS- EXTENSION**  
 Approval of TA EXPIRES: 4/17/20  
 Well needs to be PLUGGED OR RETURNED  
 to PRODUCTION  
 BY THE DATE STATED ABOVE: X7

Spud Date: 05/03/1985

Rig Release Date: 05/10/1985

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 10/17/2019

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

APPROVED BY: Kerry Furte TITLE C. O. A DATE 10-23-19  
 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 <i>Cross Timbers</i>		API Number <i>30-025-29169</i>
Property Name <i>Bridges ST.</i>		Well No. <i>#198</i>

<sup>2</sup> Surface Location

UL - Lot <i>M</i>	Section <i>24</i>	Township <i>17S</i>	Range <i>34E</i>	Feet from <i>1310</i>	N/S Line <i>S</i>	Feet From <i>1310</i>	E/W Line <i>W</i>	County <i>LEA</i>
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Well Status

<input checked="" type="checkbox"/> YES	A'D WELL	NO	<input checked="" type="checkbox"/> YES	SHUT-IN	NO	INJ	INJECTOR	SWD	<input checked="" type="checkbox"/> OIL	PRODUCER	GAS	DATE <i>10-17-19</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<i>0</i>			<i>0</i>	<i>NONE</i>
Flow Characteristics					
Puff	Y/ <input checked="" type="checkbox"/> N	CO2			
Steady Flow	Y/ <input checked="" type="checkbox"/> N	WTR			
Surges	Y/ <input checked="" type="checkbox"/> N	GAS			
Down to nothing	<input checked="" type="checkbox"/> Y/N	Y/ <input checked="" type="checkbox"/> N	Y/ <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y/N	Type of Fluid
Gas or Oil	Y/ <input checked="" type="checkbox"/> N	Injected for			
Water	Y/ <input checked="" type="checkbox"/> N	Waterflood if			
					applies.

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

*T/A TEST  
 LAST ONE*

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		<i>XJ</i>
Date:	Phone:	
Witness: <i>Larry Robinson</i>		

INSTRUCTIONS ON BACK OF THIS FORM

## PERFORMING BRADENHEAD TEST

### General Procedure for Bradenhead Test

- Identify: All valves prior to testing
- Gauges: Install on each casing string to record pressure.
- Assure: That all valves are in good working condition and **closed at least 24 hours prior to testing.**
- Open: Each valve (Bradenhead, intermediate and casing valves) is to be opened separately.
- Check Gauges: Record pressure on each gauge and casing string on BHT form. Open valves to atmosphere and record results on BHT form.

Designate what applies to the result of opening the valves for each string:

- |                        |           |
|------------------------|-----------|
| • Blow or Puff         | Yes or No |
| • Bled down to Nothing | Yes or No |
| • Steady Flow          | Yes or No |
| • Oil or Gas           | Yes or No |
| • Water                | Yes or No |

Start: Injection or SWD pump so tubing pressure can be read.

Instructions below apply to the District 1 Hobbs office since this must be reported on a form.

In case of pressure:

1. Record pressure reading on gauge.
2. Bleed and note time elapsed to bleed down.
3. Leave valve open for additional observation.
4. Note any fluids expelled.

In absence of Pressure:

1. Leave valve open for additional observation.
2. Note types of fluids expelled.
3. Note if fluids persist throughout test.

Note: Tubing pressure on injection or SWD wells.

Test will be signed by person performing test with a contact phone number.

