Form 3160-5 (June 2015)	UNITED STATES		HOBBS	OCD	OMB NO	APPROVED 0. 1004-0137	
BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELL&UG 2 7 2020				2020	Expires: January 31, 2018 5. Lease Serial No. NMLC060967		
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.					6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on page 2					<ol> <li>If Unit or CA/Agreement, Name and/or No. 8910088140</li> </ol>		
1. Type of Well Gas Well Other					8. Well Name and No. SEMGSAU 105		
2. Name of Operator     CROSS TIMBERS ENERGY LLC     E-Mail: savarello@mspartners.com					9. API Well No. 30-025-26512-00-S1		
3a. Address 700 W 7TH STREET FORT WORTH, TX 76102	o. (include area code) 34-7747	)	10. Field and Pool or Exploratory Area MALJAMAR				
4. Location of Well (Footage, Sec.,			11. County or Parish, State				
Sec 30 T17S R33E NWSE T		LEA COUNTY, NM					
12. CHECK THE A	PPROPRIATE BOX(ES)	TO INDICA	TE NATURE O	F NOTICE,	REPORT, OR OTH	ER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION						
<ul> <li>Notice of Intent</li> <li>Subsequent Report</li> </ul>	<ul> <li>Acidize</li> <li>Alter Casing</li> <li>Casing Repair</li> </ul>	- •	draulic Fracturing	Product     Reclam     Recomp		<ul> <li>Water Shut-Off</li> <li>Well Integrity</li> <li>Other</li> </ul>	
Final Abandonment Notice	Change Plans	—	New Construction Plug and Abandon		arily Abandon	Workover Operations	
	Convert to Injection	Convert to Injection Plug Back Water I			Disposal		
following completion of the involve testing has been completed. Final A determined that the site is ready for 08/03/2020 - MIRU. Release 08/04/2020 - BWDTT. POOH Test csg to 500 psi. Held ok. onto o/o tool. Notify OCD of i recorder. RUN MIT. Start 50 psi, End 520 #1000. TFH #0202 1000# 32 Min Chart attached	<ul> <li>andonment Notices must be file final inspection.</li> <li>packer and POOH. SWI &amp; I w/ kill string. Test in hole Bleed down. Rel from O/O ntent to run MIT. Permission</li> </ul>	ed only after all & SDON with tbg and tool. Circ 85	requirements, includ pkr. Set pkr. MIF 5 bbls pkr fluid. La	ling reclamation RU kill trk. atch back	n, have been completed a	nd the operator has	
14. I hereby certify that the foregoing is true and correct. Electronic Submission #526114 verified by the BLM Well Information System For CROSS TIMBERS ENERGY LLC, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 08/18/2020 (20PP3176SE)							
Name (Printed/Typed) SAMANN	ITHA AVARELLO		Title REGUL	ATORY TE	CHNICIAN		
Signature (Electronic	Submission)		Date 08/18/2	020			
THIS SPACE FOR FEDERAL OR STATE OFFICE USE							
APPROVED By ACCEPT	ED			N SHEPAR UM ENGINI		Date 08/21/2020	
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.							
Title 18 U.S.C. Section 1001 and Title 42 States any false, fictitious or fraudulent							
(Instructions on page 2)	/ISED ** BLM REVISED				-28-2	Pord Only	

HOBBSCCO Phome: (575) 393-6161 Fax: (575) 393-0720 State of New Mexico AUG 2 7 2020 Energy, Minerals and Natural Resources Department **Oil Conservation Division Hobbs District Office** RECEIVED BRADENHEAD TEST REPORT Operator Name API Number 30-025-26512 Cross Timbers Energy Property Name SEMGSAU 77 25 105 7. Surface Location UL - Lot Section Township Range - Feet from N/S Line Feet From E/W Line County 2490 595 Л 30 2 3.3C 544 LEA 65L Well Status DATE TA'D Well SHUT-IN INJECTOR PRODUCER 8-4-2026 NO YES NO YES INJ SWD OIL GAS **OBSERVED DATA** (A)Surf-Intern (B)Interm(1) (C)Interm(2) (D)Prod Csng (E)Tubing Pressure 4) --10-**Flow Characteristics** 7 7 CO2\_ Puff NT B Y IB WTR \_\_\_\_\_ YIO Steady Flow N/D GAS\_ YT & Surges 10 Y Ŷ 2 If applicable type Down to nothing X) IN N v fluid Injected for Gas or Oll 7.8N YT KY Waterflood Water  $T \propto$ YO I N If bradenhead flowed water, check all of the descriptions that apply: FRESH CLEAR SALTY SULFUR BLACK Remarks: Please state for each string (A.B.C,D,E) pertinent information regarding bleed down or continuous build up if applies. psi on This Due to fost Workover Chaet start = 540 # 5nd = 520 # 1000# / 32 min Ser # 0202-Signature: **OIL CONSERVATION DIVISION** Printed name: **Entered into RBDMS** ENDETT Title: **Re-test** E-mail Address: Date: K 2020 Phone: Witness:

