

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-025-01541                                                                        |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>B-2516                                                              |

|                                                        |
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| 7. Lease Name or Unit Agreement Name<br>SEMGAU Tract 6 |
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| 8. Well No.<br>3 |
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|--------------------------------------------|
| 9. Pool name or 'Wildcat'<br>Maljamar G-SA |
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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:<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WIW <input type="checkbox"/> |
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| 2. Name of Operator<br>CROSS TIMBERS OPERATING COMPANY |
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|                                                                |
|----------------------------------------------------------------|
| 3. Address of Operator<br>P. O. Box 50847 Midland, Texas 79710 |
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| 4. Well Location<br>Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line<br>Section 29 Township 17S Range 33E NMPM Lea County |
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| 10. Elevation (Show whether OF, RKB, RT, GR, etc.) |
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|                                                                               |                                                     |
|-------------------------------------------------------------------------------|-----------------------------------------------------|
| 11. 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"/>                                | REMEDIAL WORK <input checked="" type="checkbox"/>   |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>            |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>    |
| OTHER: <input type="checkbox"/>                                               | PLUG AND ABANDONMENT <input type="checkbox"/>       |
|                                                                               | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
|                                                                               | OTHER: <input type="checkbox"/>                     |

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

12/13/78 Locate csg leak fr/2,505'-2,537'.  
12/14/78 Sqz leak w/500 sx Class "C" cmt.  
12/15/78 Re-sqz leak w/100 sx Class "C" cmt.  
12/16/78 - 12/19/78 Drilled out cmt fr/2,410'-2,600'.  
12/23/78 Perf sqz holes @ 1,270'-1,271'. Set CICR @ 1,108'. Sqz w/750 sx  
Class "C" cmt. Circ cmt to surf.  
12/27/78 - 12/29/78 Drld out cmt & CICR fr/1,107'-1,280'. Press tested csg  
to 1200 psig. Held OK.

(Work done by Cities Service)

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

SIGNATURE Gary L. Markestad TITLE Operations Engineer DATE 6/25/93

TYPE OR PRINT NAME Gary L. Markestad TELEPHONE NO. (915)682-8873

(This space for State Use)

FOR RECORD ONLY

JUN 30 1993

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: