

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

WELL API NO. <b>30-025-01542</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>B-2516</b>
7. Lease Name or Unit Agreement Name: <b>SEMGSAU</b>
8. Well No. <b>604</b>
9. Pool name or Wildcat <b>Maljamar Grayburg San Andres</b>

4. Well Location Unit Letter <b>M</b> : <b>660</b> feet from the <b>South</b> line and <b>660</b> feet from the <b>West</b> line Section <b>29</b> Township <b>17S</b> Range <b>35E</b> NMPM <b>Lea</b> County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>4050' RKB</b>
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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:  
Oil Well ☐ Gas Well ☐ Other **WIW**

2. Name of Operator  
**Cross Timbers Operating Company**

3. Address of Operator  
**3000 N. Garfield, Suite 175 Midland, Texas 79705**

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Set packer in 7" casing @ 1300'. Press test squeeze @ 1265' to 500 psi. Set packer @ 3725'. Press test TCA to 500 psig. Set packer @ 3820'. Test 5" liner top to 500 psig. Set packer @ 4175'. Test 5" and 7" TCA to 500 psig. RU reverse unit and cleaned out scale build up on casing and liner walls. Circulated hole clean. RU pump truck and pumped 2250 gals 15% NEFE HCl acid and 500# RS. Swabbed Grayburg perms 4236-4326'. PU 5" packer and RIH on 2-3/8" tubing testing tubing to 5000 psig below slips. Set 2-3/8" tbg @ 4034' and packer @ 4030'. MI and RU pump truck and ran MI test on TCA. Good test. OCD notified but did not witness test. Well SI. WO approval from OCD/Santa Fe to return well to active injection status. Original chart attached.

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

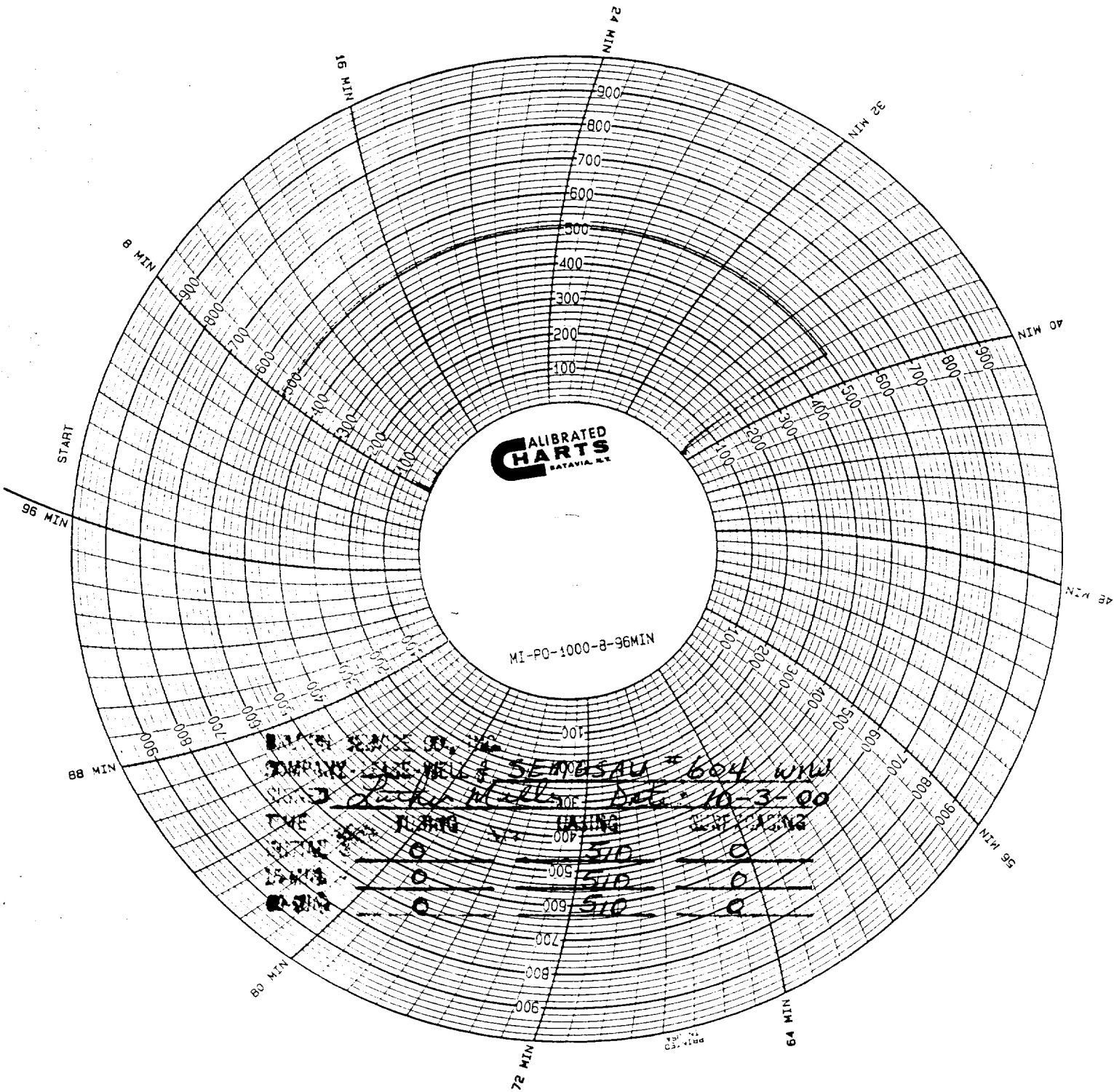
SIGNATURE *D. Patrick Darden* TITLE Operations Engineer DATE 10/10/2000

Type or print name D. Patrick Darden Telephone No. 915/682-8873

(This space for State use)

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

Conditions of approval, if any:



REC'D. / MIDLAND

OCT - 4 2000