

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection Well	5. Lease Designation and Serial No. LC-062004
2. Name of Operator Cross Timbers Operating Co.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 52070 Midland, TX 79710 (915) 682-8873	7. If Unit or CA, Agreement Designation SMGSAU
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FNL, 660' FEL Sec 30, T17S, R33E, NMPM	8. Well Name and No. Tract 3 Well #1
	9. API Well No. 30-025-01558
	10. Field and Pool, or Exploratory Area Maljamar (G-SA)
	11. County or Parish, State Lea County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

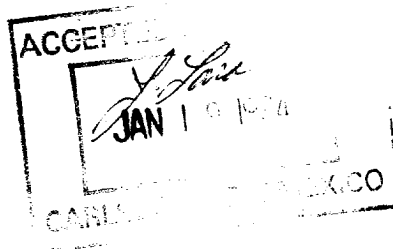
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

7/27/93 POH & LD tbg & pkr. Set CIBP on WL @4015'.

12/9/93 Press tst csg to 300 psig. Held ok. (chart attached)



DEC 23 11 23 AM '93

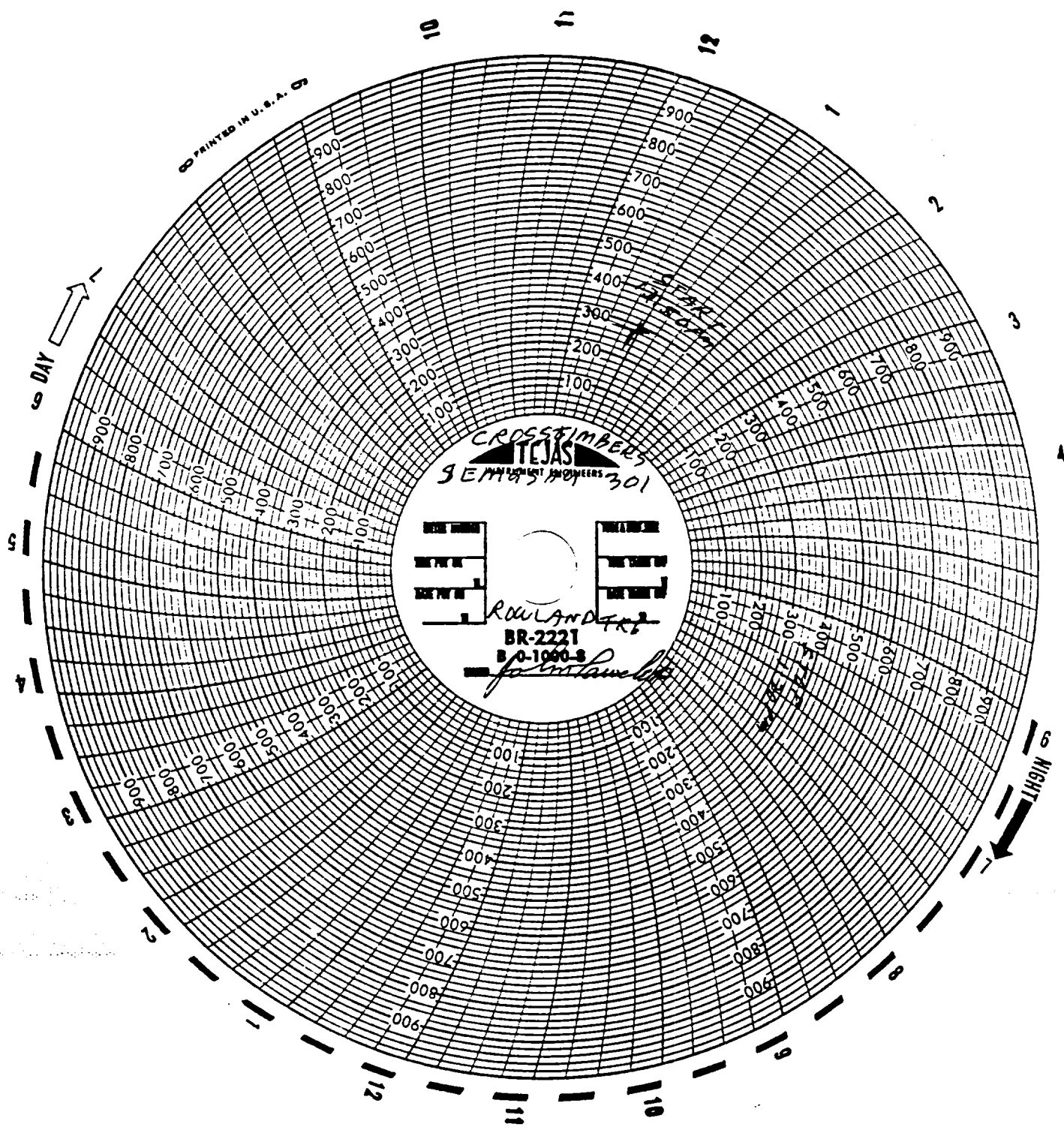
RECEIVED

14. I hereby certify that the foregoing is true and correct

Signed [Signature] Title Operations Engineer Date 12/20/93

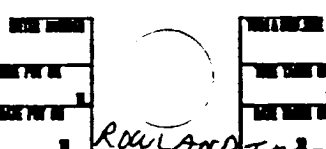
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:



PRINTED IN U.S.A.

CROSSTIMBERS
TEJAS
MANAGEMENT ENGINEERS
301



ROWLAND & SONS
BR-2221
B-0-1000-8
for in law