

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. LC 060967
2. NAME OF OPERATOR Cross Timbers Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 810 Houston, Suite 2000, Fort Worth, TX 76102	7. UNIT AGREEMENT NAME SMGSAU
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2490' FSL & 1595' FEL Sec. 30-T17S-R33E, Lea County, New Mexico	8. FARM OR LEASE NAME Tract 1
14. PERMIT NO. 4060.4 DF	9. WELL NO. 5
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT Maljamar (G-SA)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30-T17S-R33E
	12. COUNTY OR PARISH Lea
	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

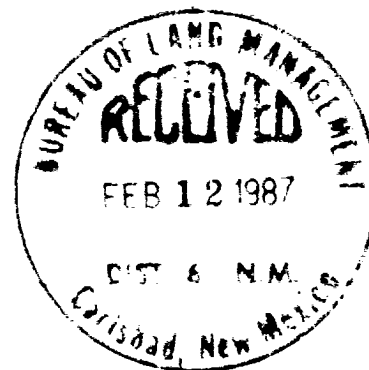
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>Return to production</u> ☒	
(Other) _____		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
17. DESCRIBE (If possible, or complete, if feasible, if possible, 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.) *			

2/4/87 MIRU pulling unit. Pulled rods, pump, and tubing.
Found hole in tubing. Replaced one joint of tubing.
Ran tubing, pump, and rods. Started well pumping.

ACCEPTED FOR RECORD

FEB 13 1987

Jm
CARLSBAD, NEW MEXICO



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

SIGNED Larry B. McDonald TITLE Agent DATE 2-10-87
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side