

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

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

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

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

WELL API NO. 30-025-31445
1. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-2516

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 ☐	7. Lease Name or Unit Agreement Name SMGSAU Tract 9
2. Name of Operator Cross Timbers Operating Company	8. Well No. 7
3. Address of Operator P. O. Box 50847, Midland, Texas 79710	9. Pool Name or Number Maljamar (G-SA)
4. Well Location Unit Loc. H : 990 Feet From The East Line and 2,310 Feet From The North Line Section 32 Township 17S Range 33E N.M. Lea County	
10. Elevation (Show whether OF, RKB, AT, GR, etc.) 4,051' RKB	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
PLUG AND ABANDON ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☐
FULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOB ☐
OTHER: ☐	OTHER: Convert to production ☒

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 1101

7/8/93 - POH w/injection tbg. Ran prod tbg, rods & pmp. Started well ppg.
8/19/93 - P. 1 BO, 40 BW, 24 hrs.

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 8/25/93

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

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG 27 1993

CONDITIONS OF APPROVAL, IF ANY:

500
-C- N 8

SAD