

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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. 30-025-31471
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-2516
7. Lease Name or Unit Agreement Name SMGSAU Tract 6
8. Well No. 8
9. Pool name or Wildcat Maljamar (G-SA)

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 ☐	
2. Name of Operator Cross Timbers Operating Company	
3. Address of Operator P. O. Box 50847, Midland, Texas 79710	
4. Well Location Unit Letter <u>N</u> : <u>125</u> Feet From The <u>South</u> Line and <u>1,345</u> Feet From The <u>West</u> Line Section <u>29</u> Township <u>17S</u> Range <u>33E</u> NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4,052' RKB</u>	

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 ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☒
	OTHER: ☐

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.

12/01/91
thru - Drld 7-7/8" hole to TD @ 4,550'.
12/08/91

12/08/91 - Ran 5-1/2" 15.5# & 17# J-55 csg landed @ 4,550'. Cmt'd w/850sx 65/35 Class "C"/Poz w/8% gel & 5#/sx salt & 320sx Class "C" w/5#/sx salt & 3#/sx sand. Circ 55sx to surf.

12/09/91 - MORT.

(Note: Did not encounter water flow in this well).

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 12/17/91
TYPE OR PRINT NAME Gary L. Markestad TELEPHONE NO. (915)682-8873

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: