

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

P.O. Box 1980
Hobbs, NM 88241

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

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SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>New Well</u>	5. Lease Designation and Serial # <u>NM010388</u>
2. Name of Operator <u>CROSS TIMBERS OPERATING COMPANY</u>	6. If Indian, Allottee or Tribe Name .
3. Address and Telephone No. <u>3000 N. Garfield, Suite 175 Midland, Texas 79705</u>	7. If Unit or CA, Agreement Designation .
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>Sec 33, T17S, R33E, NMPM</u>	8. Well Name and No. <u>SEMGSAU #4A</u>
	9. API Well No. <u>30-025-33921</u>
	10. Field and Pool, or Exploratory Area <u>Maljamar Grayburg SanAnd</u>
	11. County or Parish, State <u>Lea County, New Mexico</u>

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Amend Well Number and Property Name</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<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.)*

The SEMGSAU boundary was expanded per NMOC Case No. 11742, Order Nos. R-3150-A and R3134-C effective April 1, 1997 to include the U. S. Minerals Lease, State BY Lease and the Denius Federal Lease.

The above lease and well number were formerly U. S. Minerals #4.

DAVID R. GLASS

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1997 JUN 20 P 11:14
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO

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

Signed Ray F. Martin Ray F. Martin Title Operations Engineer

Date 6-18-97

(This space for Federal or State office use)

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