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

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-09925

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: York Gas Com

1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator: CROSS TIMBERS OPERATING COMPANY

8. Well No. 1

3. Address of Operator: P. O. Box 52070 Midland, Texas 79710-2070

9. Pool name or Wildcat: Tubb Oil and Gas (Gas)

4. Well Location
Unit Letter A : 2,310 Feet From The North Line and 330 Feet From The East Line

Section 20 Township 21S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,486' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: Install artifical lift equipment	☒		

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.

Set Lufkin C-160D-200-74 ppg unit w/30 HP electric motor. Ran 2-3/8" tbg, rods, and 1-1/16" pump. Start well on rod pump. Final report 12/8/94.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Ray F Martin TITLE Operations Engineer DATE 2-14-95

TYPE OR PRINT NAME Ray F. Martin TELEPHONE NO. (915) 682-8873

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: