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. 30-025-10032

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: R.L. Brunson

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

2. Name of Operator: Cross Timbers Operating Co.

8. Well No. 5

3. Address of Operator: P.O. Box 52070

9. Pool name or Wildcat: Drinkard & Hare Simpson

4. Well Location

Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line

Section 4 Township 22S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3439 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: Downhole Commingle DHC 1154	☒		

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. RU Well Service rig. POOH w/rods & pump. Release tbg anchor. POOH w/ tbg. PU retrieving head. GIH w/ retrieving head on production tbg. Engage & release RBP. POOH & LD RBP. GIH w/ production tbg. Tbg landed @ 7,504. SN @ 7,469'. Drinkard perfs 6,363'-6,492' & Hare Simpson perfs 7,420'-7537'. Ran pump & rods. Resumed ppg.

Removal of PKR 10/2/95

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

SIGNATURE [signature] TITLE Oper. Engineer DATE 10/6/95

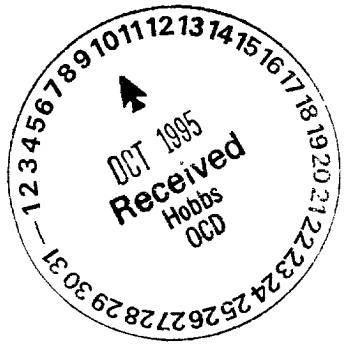
TYPE OR PRINT NAME C.M. Bloodworth, P.E. TELEPHONE NO (915) 682-8873

(This space for State Use) SEXTON SUPERVISOR

APPROVED BY _____ TITLE _____ DATE OCT 30 1995

CONDITIONS OF APPROVAL, IF ANY:

JCN


OCT 1995
Received
Hobbs
OCD