

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Enr 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.                                       | 30-025-32757   |
| 5. Indicate Type of Lease                          | STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.                       |  |
| 7. Lease Name or Unit Agreement Name               | OLLIE J. BOYD  |
| 8. Well No.  | 7  |
| 9. Pool name or Wildcat                            | BLINEBRY OIL & GAS   |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | 3,326' GR  |

**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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator<br>CROSS TIMBERS OPERATING COMPANY   |
| 3. Address of Operator<br>P. O. BOX 52070 MIDLAND, TEXAS 79710  | 4. Well Location<br>Unit Letter C : 660 Feet From The NORTH Line and 2303 Feet From The WEST Line<br>Section 23 Township 22S Range 37E NMPM LEA County |

|   |   |
|---|---|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |   |
| <b>NOTICE OF INTENTION TO:</b>  | <b>SUBSEQUENT REPORT OF:</b>                            |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>                  |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>                |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>        |
| OTHER: <input type="checkbox"/>   | PLUG AND ABANDONMENT <input type="checkbox"/>           |
|   | CASING TEST AND CEMENT JOB <input type="checkbox"/>     |
|   | OTHER: INSTALL ARTIFICIAL LIFT <input type="checkbox"/> |

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.

3/10/95 MOVE IN AND SET PUMPING UNIT.

3/16/95 RAN 2" x 1-1/4" x 16' & RODS. TBG IS LANDED @ 5,347'. SN IS @ 5,308'.  
HUNG WELL ON. CHECKED PUMP ACTION. STARTED PUMPING AT 3:20 p.m.

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

SIGNATURE C. M. Bloodworth TITLE OPERATIONS ENGINEER DATE 8/9/95  
TYPE OR PRINT NAME C. M. BLOODWORTH, P.E. TELEPHONE NO. (915) 682-8873

(This space for State Use)

APPROVED BY                      TITLE                      DATE                       
CONDITIONS OF APPROVAL, IF ANY:

AUG 14 1995