

**District I** – (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
**District II** – (575) 748-1283  
811 S. First St., Artesia, NM 88210  
**District III** – (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
**District IV** – (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.  
30-025-23794

STATE ☐ FEE ☐

312479

NORTH VAC. ABO UNIT

8. Well Number	206
----------------	-----

9. OGRID Number	298299
-----------------	--------

10. Pool name or Wildcat  
NORTH VAC ABO

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG A WELL 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

2. Name of Operator  
CROSS TIMBERS ENERGY, LLC

### 3. Address of Operator

400 WEST 7th STREET, FORT WORTH, TX 76102

#### 4. Well Location

Location D 660 feet from the N line and 660 feet from the W line

Section **19** Township **17-S** Range **35-E** NMPM County **LEA**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

4022 GR

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

DOWNHOLE COMMINGLE ☐

CLOSED-LOOP SYSTEM ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ P AND A ☐

CASING/CEMENT JOB ☐

OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

6/10/2015

REPAIR PKR./ TBG. LEAK

**Condition of Approval: notify**

**OCD Hobbs office 24 hours**

**prior of running MIT Test & Chart**

**The Oil Conservation Division  
MUST BE NOTIFIED 24 Hours  
Prior to the beginning of operations**

Spud Date: 6/1/1971

Rig Release Date: 6/25/1971

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

SIGNATURE Laura Stone TITLE Regulatory Compliance DATE 6/10/2015

Type or print name **LAURA STONE** E-mail address: **rgrigg@mspartners.com** PHONE: **817-334-7842**

**For State Use Only**

APPROVED BY: M. A. Brown TITLE Dist. Supervisor DATE 6/19/2013  
Conditions of Approval (if any):

JUN 22 2015

**Vacuum ABO Unit #206**  
**N. Vacuum ABO Field**  
**Lea County, NM**

Elevation  
 GL- 3997'  
 KB- 4011'  
 Zero- 4011'

