

Submit 1 Copy To Appropriate District
Office
HOBBS OCD
District I - (505) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (505) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 416-1460
RECEIVED
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

| |
|---|
| WELL API NO. 30-025-23693 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. 312479 |
| 7. Lease Name or Unit Agreement Name NORTH VAC. ABO |
| 8. Well Number 152 |
| 9. OGRID Number 298299 |
| 10. Pool name or Wildcat NORTH VAC-ABO |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4024 GL |

| | |
|---|--|
| 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: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other IDS | |
| 2. Name of Operator CROSS TIMBERS ENERGY, LLC | |
| 3. Address of Operator 400 WEST 7th STREET, FORT WORTH, TX 76102 | |
| 4. Well Location Unit Letter B : 780 feet from the N line and 2135 feet from the E line Section 13 Township 17-S Range 34E NMPM County LEA | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4024 GL | |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|---|--|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | P AND A <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> | |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | | | |
| CLOSED-LOOP SYSTEM <input type="checkbox"/> | | | |
| OTHER: <input type="checkbox"/> | | OTHER: UIC <input checked="" type="checkbox"/> | |

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.

3/6/2017
5 YR. MIT TEST
(START PRESSURE 420, END PRESSURE 410)
CHART ATTACHED
(PASSED)

Spud Date:

3/5/1971

Rig Release Date:

4/4/1971

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

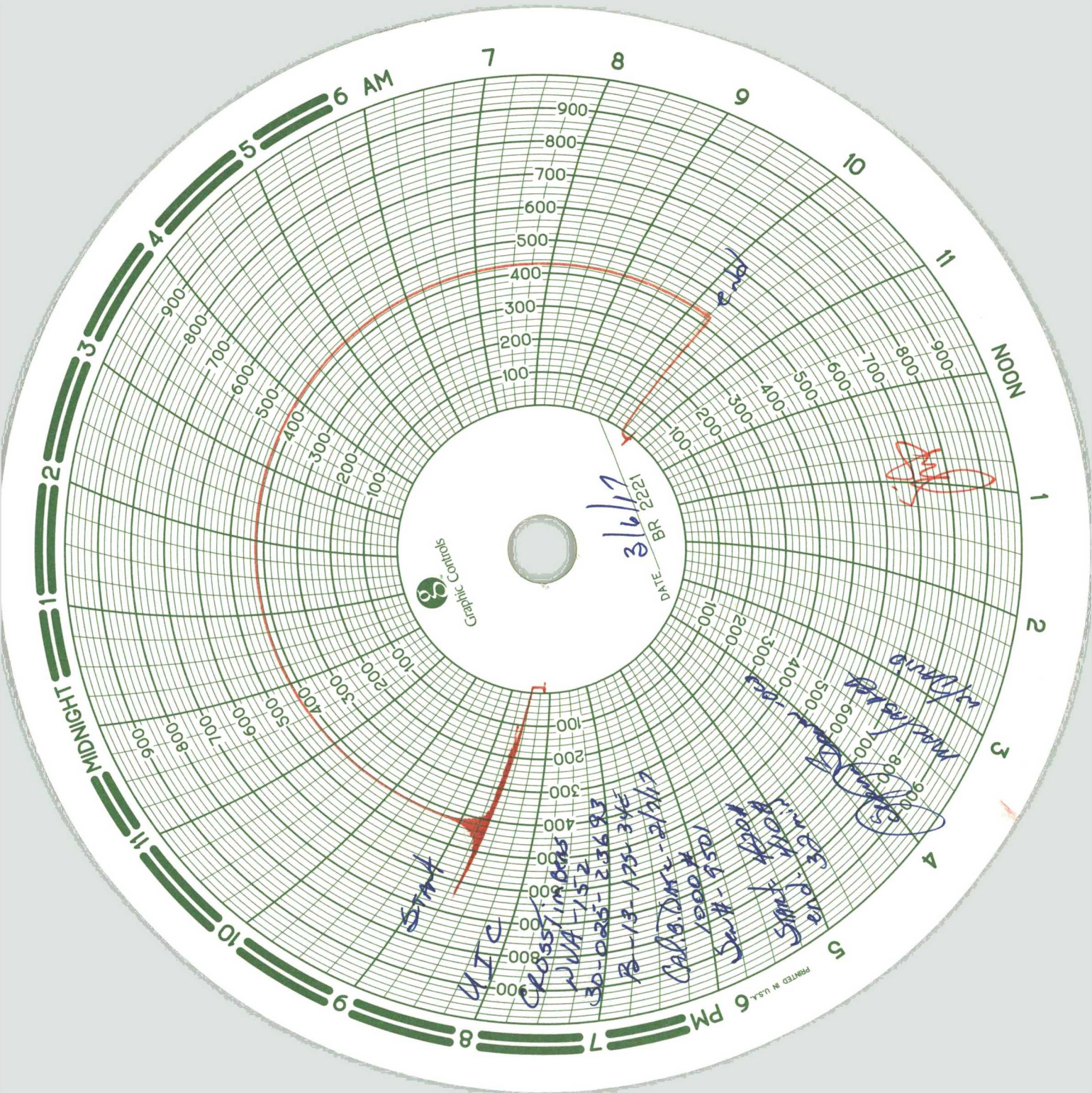
SIGNATURE Laura Stone TITLE Regulatory Compliance DATE 3/6/2017

Type or print name LAURA STONE E-mail address: cblaylock@mspartners.c PHONE: 817-334-7882

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 3/7/17

Conditions of Approval (if any):



State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office
BRADENHEAD TEST REPORT

| | |
|---|----------------------------|
| Operator Name Cross Timber Energy, LLC | API Number 30-025-23693 |
| Property Name North Vacuum ABO Unit | Well No. 152 |

7. Surface Location

| | | | | | | | | |
|-------------|---------------|-----------------|--------------|------------------|-----------------|-------------------|-----------------|---------------|
| UL Lot B | Section 13 | Township 17S | Range 34E | Feet from 780 | N/S Line FNL | Feet From 2135 | E/W Line FEL | County Lea |
|-------------|---------------|-----------------|--------------|------------------|-----------------|-------------------|-----------------|---------------|

Well Status

| | | | | |
|------------------------------|---------|-----------|-----------------|------------------|
| Well Status <i>Active</i> | SHUT-IN | PRODUCING | DATE 2-20-17 | <i>Injection</i> |
|------------------------------|---------|-----------|-----------------|------------------|

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA

If bradenhead flowed water, check all of the descriptions that apply:

| | (A)Surf-Interm | (B)Interm(1)-Interm(2) | (C)Interm-Prod | (D)Prod Csng | (E)Tubing |
|----------------------|----------------|------------------------|----------------|----------------|-------------|
| Pressure | <i>0</i> | <i>NA</i> | <i>NA</i> | <i>Puff</i> | <i>4210</i> |
| Flow Characteristics | | | | | |
| Puff | Y / <i>(N)</i> | Y / N | Y / N | <i>(Y)</i> / N | |
| Steady Flow | Y / <i>(N)</i> | Y / N | Y / N | Y / <i>(N)</i> | |
| Surges | Y / <i>(N)</i> | Y / N | Y / N | Y / <i>(N)</i> | |
| Down to nothing | <i>(Y)</i> / N | Y / N | Y / N | <i>(Y)</i> / N | |
| Gas or Oil | Y / <i>(N)</i> | Y / N | Y / N | Y / <i>(N)</i> | |
| Water | Y / <i>(N)</i> | Y / N | Y / N | Y / <i>(N)</i> | |

If bradenhead flowed water, check all of the descriptions that apply:

| | | | | |
|-------|-------|-------|--------|-------|
| CLEAR | FRESH | SALTY | SULFUR | BLACK |
|-------|-------|-------|--------|-------|

Remarks:

INJECTING AT THIS TIME ☒ WTR, ☐ GAS, ☐ CO2

HOBBBS OCD

MAR 07 2017

RECEIVED

| | |
|--|---------------------------|
| Signature: <i>Gene Hudson</i> | OIL CONSERVATION DIVISION |
| Printed name: <i>Gene Hudson</i> | Entered into RBDMS |
| Title: <i>LS Operator</i> | Re-test |
| E-mail Address: <i>rhudson@ctfieldsvcs.com</i> | |
| Date: <i>2-20-17</i> | |
| Phone: <i>575-441-1634</i> | |
| Witness: | |