

Submit 1 Copy To Appropriate District Office
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

HOBBS OGD State of New Mexico
Energy, Minerals and Natural Resources
MAR 20 2015
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
RECEIVED Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-23723	
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 UNIT	
8. Well Number	201
9. OGRID Number	298299
10. Pool name or Wildcat NORTH VAC-ABO	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4060 DF	

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	
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 J : 1980 feet from the S line and 1980 feet from the E line Section 10 Township 17-S Range 34-E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4060 DF	

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: <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.

5 YR. MIT TEST 3/10/15
(START PRESSURE 350, END PRESSURE 345)
CHART ATTACHED

Spud Date:

3/11/1971

Rig Release Date:

6/5/1971

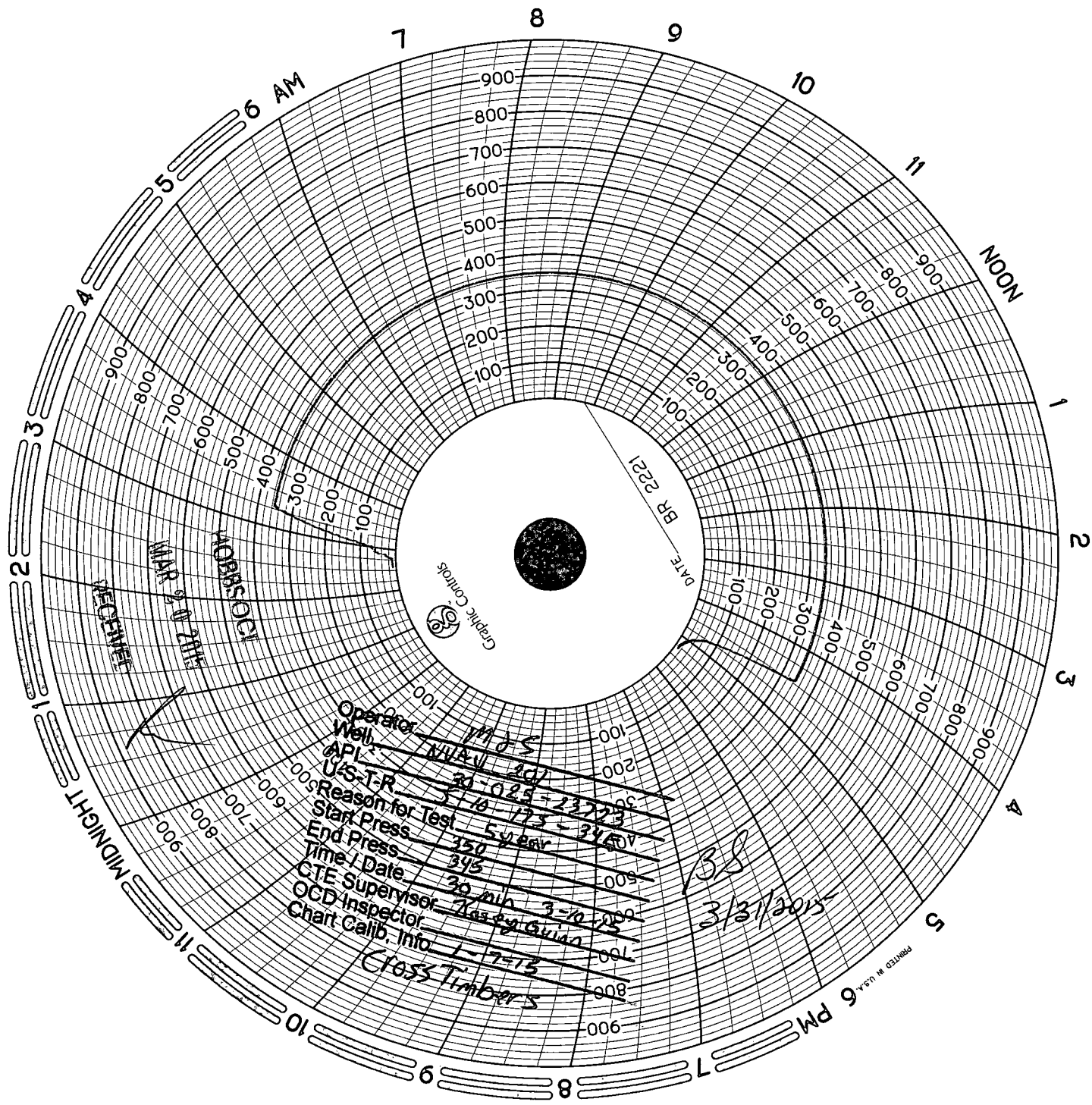
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Laura Stone TITLE Regulatory Compliance DATE 3/18/2015

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

APPROVED BY: Bill Semanah TITLE Staff Manager DATE 3/31/2015
Conditions of Approval (if any):

APR 02 2015



DATE BR 2221

MOORE-SOCI
MARK 3-0 2015

Operator MJS
Well WUA
API 207
U.S.T.R. 30-023-23223
Reason for Test 3-10-173-2460V
Start Press 5 psi
End Press 350
Time / Date 3/3
CTE Supervisor 3-10-000
OCD Inspector Gas by Gulan
Chart Calib. Info 1-7-13
Cross Timbers

B8
3/3/2015

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