

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

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. 30-025-23696
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 VACUUM ABO UNIT
8. Well Number 156
9. OGRID Number 298299
10. Pool name or Wildcat VACUUM; ABO, NORTH

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other INJ
2. Name of Operator CROSS TIMBERS ENERGY, LLC
3. Address of Operator 400 W 7TH ST, FORT WORTH, TX 76102
4. Well Location Unit Letter J : 1893 feet from the SOUTH line and 1800 feet from the EAST line Section 23 Township 17S Range 34E NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4025 GR

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" 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"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input 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.

1. MIRU PU, Release pkr and POOH w/Tbg and AS1X pkr while scanning tbg (LD BB, GB, and RB)
2. Redress Pkr
3. RIH w/ AS1X pkr and OOT while testing tbg
4. Set pkr @ +/- 8,250', load and test csg
5. Release OOT and circulate pkr fluid
6. Latch OOT. RD&R PU.
7. Notify NMOCD 48 hours prior to MIT test
8. Run MIT witnessed by OCD and return well to Inj Status

Spud Date:

11/14/1997

Rig Release Date:

12/01/1997

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

SIGNATURE _____ TITLE REGULATORY TECH DATE 12/13/2017

Type or print name CONNIE BLAYLOCK E-mail address: cblaylock@mspartner.com PHONE: 817-334-7882

For State Use Only

APPROVED BY: _____ TITLE Petroleum Engineer DATE 12/13/17

Conditions of Approval (if any):