Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> – (575) 748-1283 811.S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-23567
District III - (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	Sarriage ring start of the Coli	1
87505		312479
	TICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR: USE "APPL	ICATION FOR PERMIT" (FORM C-101) FOR SUCH	NORTH VACUUM ABO UNIT
PROPOSALS.)		8. Well Number 144
1. Type of Well: Oil Well	Gas Well Other Line CON	
2. Name of Operator CROSS TIMBERS ENERG	3Y II.C	9. OGRID Number 298299
3. Address of Operator	JI, LLO	10. Pool name or Wildcat
	FORT WORTH, TX 76102	VACUUM; ABO, NORTH
4 Wall Location		
Unit Letter	460 feet from the S line and	60 E line
Section 15	Township 17S Range 34E	NMPM County LEA
SOCION 10	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	11. Elevation (Bhow whether DR, MD, M1, OR, etc	4046 GR
A STATE OF S	With the second	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
· · · · · · · · · · · · · · · · · · ·		
NOTICE OF I		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		RK ALTERING CASING
TEMPORARILY ABANDON		RILLING OPNS. PAND A
PULL OR ALTER CASING	MULTIPLE COMPL  CASING/CEMEN	NT JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM	]	
OTHER:	OTHER:	MIT .
	pleted operations. (Clearly state all pertinent details, a	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
proposed completion or re	completion.	
MIT TEST: 4/10/2014		
360 #; 35 MIN.		
CHART ATTACHED		
Spud Date: 09/24/1970	Rig Release Date: 10/16/19	70
<u></u>		***************************************
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
( 211 · · ·	DECULATION/OC	
SIGNATURE John (	TITLE REGULATORY CC	OMPLIANCE DATE 04/23/2014
Type or print name ROBBIE A GRIGG E-mail address: rgrigg@mspartners.com PHONE: 817-334-7842		
For State Use Only	Δ E-mail address: Tyriyy@iiis	Parmera Com PHUNE: 011. 334-1042
APPROVED BY: Sel's	Senanal TITLE Stuff Man	10ger DATE 4-25-14
Conditions of Approval (if any):		
A CONTRACTOR OF THE STATE OF TH		The same of the sa

FOR RECORD ON APR 3 0 2014

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