Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised July 18, 2013	
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	July 18, 2013
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION	A DIAISION F	0-025-24025 5. Indicate Type of Lease	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District</u> IV – (505) 476-3460	1220 South St. Francis Dr. Santa Fe, NM 87505		STATE FEE 5. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fé, NM 87505		3	312479	
(DO NOT USE THIS FORM FOR PROP	FICES AND REPORTS ON WELL OSALS TO DRILL OR TO DEEPEN OR PI	EUG BACK TO A	 Lease Name or Unit Agreem NORTH VACUUM ABO 	`
PROPOSALS.)	ICATION FOR PERMIT" (FORM C-101) I	5,100,211		/ ONT
1. Type of Well: Oil Well 2. Name of Operator	Gas Well Other	2000 -	O OCRID Number	
CROSS TIMBERS ENER 3. Address of Operator	GY, LLC		298299 10. Pool name or Wildcat	
400 WEST 7th STREET,	FORT WORTH, TX 76102	, / 1	VACUUM; ABO, NORTI	1
4. Well Location F	1840 feet from the N	line and	feet from the W	line
Section 14			NMPM County LE	A
	11. Elevation (Show whether D.	R, RKB, RT, GR; etc.)	4025.GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
	NTENTION TO:	The state of the s	EQUENT REPORT OF	
PERFORM REMEDIAL WORK TEMPORARILY ABANDON] PLUG AND ABANDON ☐] CHANGE PLANS ☐	REMEDIAL WORK COMMENCE DRILL	☐ ALTERING (LING OPNS.☐ P AND A	CASING []
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT		•••••
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM				
OTHER:		OTHER:	MIT	
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 re	·			
MIT TEST: 4/9/201 340 #; 35 MIN.	4			
CHART ATTACHE	D			
		ž.		
20/04/4070		6 00/00 W 077		
Spud Date: 03/04/1972	Rig Release I	Date: 03/23/1972		÷
	Rig Release I			
	n above is true and complete to the	best of my knowledge	and belief. 1PLIANCE_DATE 03/26/	
I hereby certify that the information	on above is true and complete to the	best of my knowledge	and belief.	
Type or print name ROBBIE A For State Use Only APPROVED BY:	TITLE REC	best of my knowledge GULATORY COM ess: rgrigg@mspa	and belief. 1PLIANCE_DATE 03/26/	-334-7842
I hereby certify that the information SIGNATURE Type or print name ROBBIE A For State Use Only	TITLE REC	best of my knowledge GULATORY COM ess: rgrigg@mspa	and belief. 1PLIANCE DATE 03/26/ artners.com PHONE: 817-	-334-7842

APR 3 0 2014

