

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

HOBBS

MAR 20 2015

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

RECEIVED

WELL API NO. 30-025-23918
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 312478
7. Lease Name or Unit Agreement Name NORTH VAC. ABO EAST UNIT
8. Well Number 11
9. OGRID Number 298299
10. Pool name or Wildcat NORTH VAC ABO POOL
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4021.5 GR

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 N : 660 feet from the S line and 1902 feet from the W line Section 18 Township 17-S Range 35-E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4021.5 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 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.

3/10/2015
5 YR. MIT TEST
(START PRESSURE 470, END PRESSURE 465)
CHART ATTACHED

Spud Date:

10/27/1971

Rig Release Date:

11/24/1971

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 3/4/2015

Type or print name LAURA STONE

E-mail address: rgrigg@mspartners.com PHONE: 817-334-7842

For State Use Only

APPROVED BY:

Bill Samamake

TITLE

Staff Manager

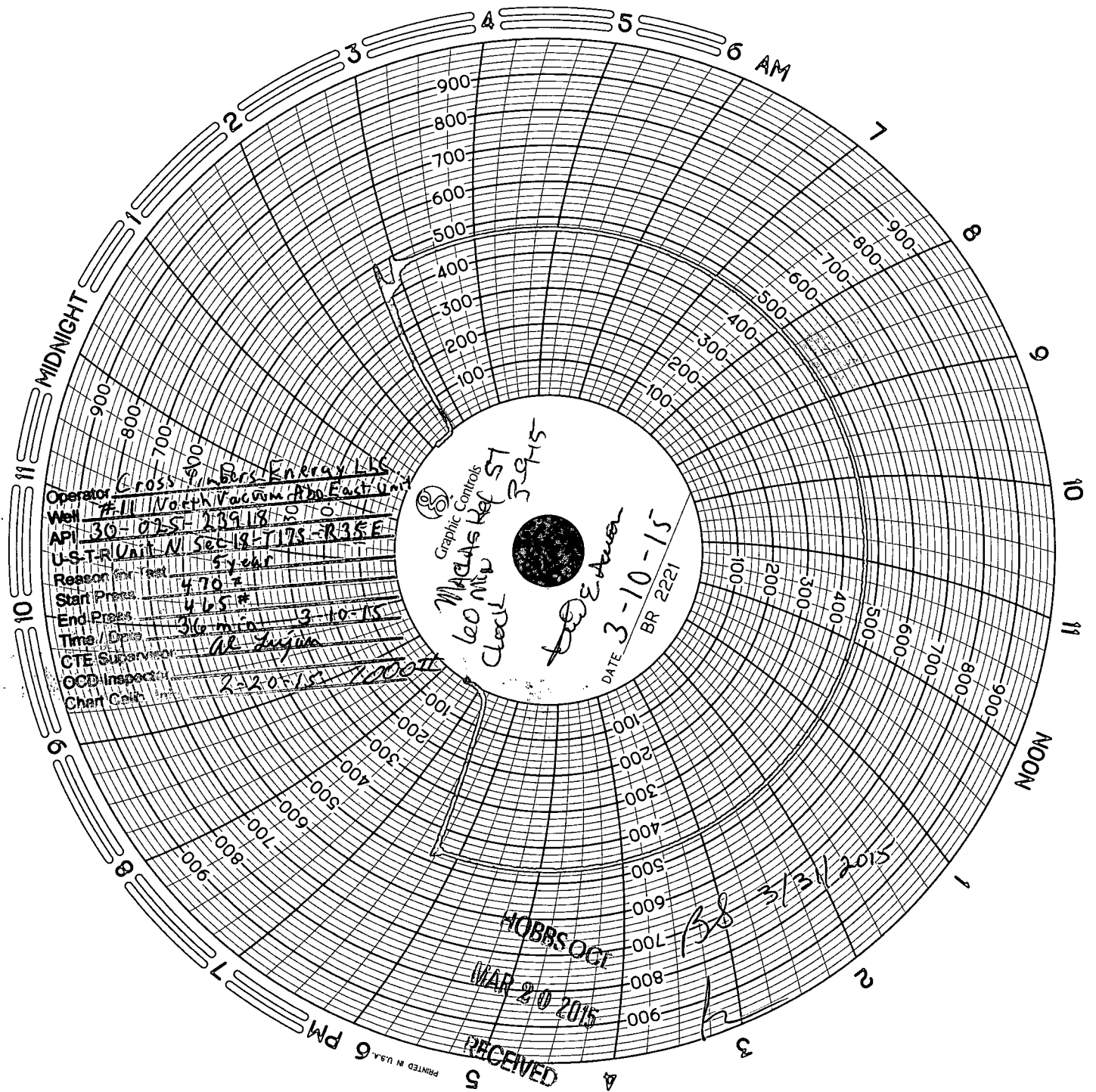
DATE

3/31/2015

Conditions of Approval (if any):

APR 02 2015

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Operator Cross, Jim
Well # 111 North Vacuum Abo East Unit
API 30-025-23918-570
U.S. TRAIL N Sec 18-T17S-R35E
Reason for Test 5 year
Start Press 470 psi
End Press 465 psi
Time / Date 36 min 3-10-15
CTE Supervisor AL Engle
OCD Inspector 2-20-15 1000
Chart Cell

Graphic Controls
Machalski 57
Clock
3945
DATE 3-10-15
BR 2221

HOBBSON
MAR 20 2015
RECEIVED
3/3/2015