

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** State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

**MAR 20 2015**  
**RECEIVED** OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>30-025-23996</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>312478</b>
7. Lease Name or Unit Agreement Name <b>NORTH VAC. ABO EAST UNIT</b>
8. Well Number <b>2</b>
9. OGRID Number <b>298299</b>
10. Pool name or Wildcat <b>NORTH VAC-ABO POOL</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>4017 GR</b>

**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 ☐ Gas Well ☒ 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 **L** : **1993** feet from the **S** line and **660** feet from the **W** line  
Section **7** Township **17-S** Range **35-E** NMPM County **LEA**

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 3/4/15**  
**(START PRESSURE 400, END PRESSURE 400)**  
**CHART ATTACHED**

Spud Date:

**1/21/1972**

Rig Release Date:

**2/14/1972**

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 Lounamah** TITLE **Staff Manager** DATE **3/31/2015**  
Conditions of Approval (if any):

**APR 02 2015**

