

MAR 20 2015

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505WELL API NO.
30-025-24006

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

312479

7. Lease Name or Unit Agreement Name

NORTH VAC. ABO UNIT

8. Well Number 172

9. OGRID Number 298299

10. Pool name or Wildcat

NORTH VAC-ABO

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 P : 660 feet from the S line and 660 feet from the E line
Section 03 Township 17-S Range 34-E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

4057 GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: ☒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 3/11/15
(START PRESSURE 363, END PRESSURE 360)
CHART ATTACHED

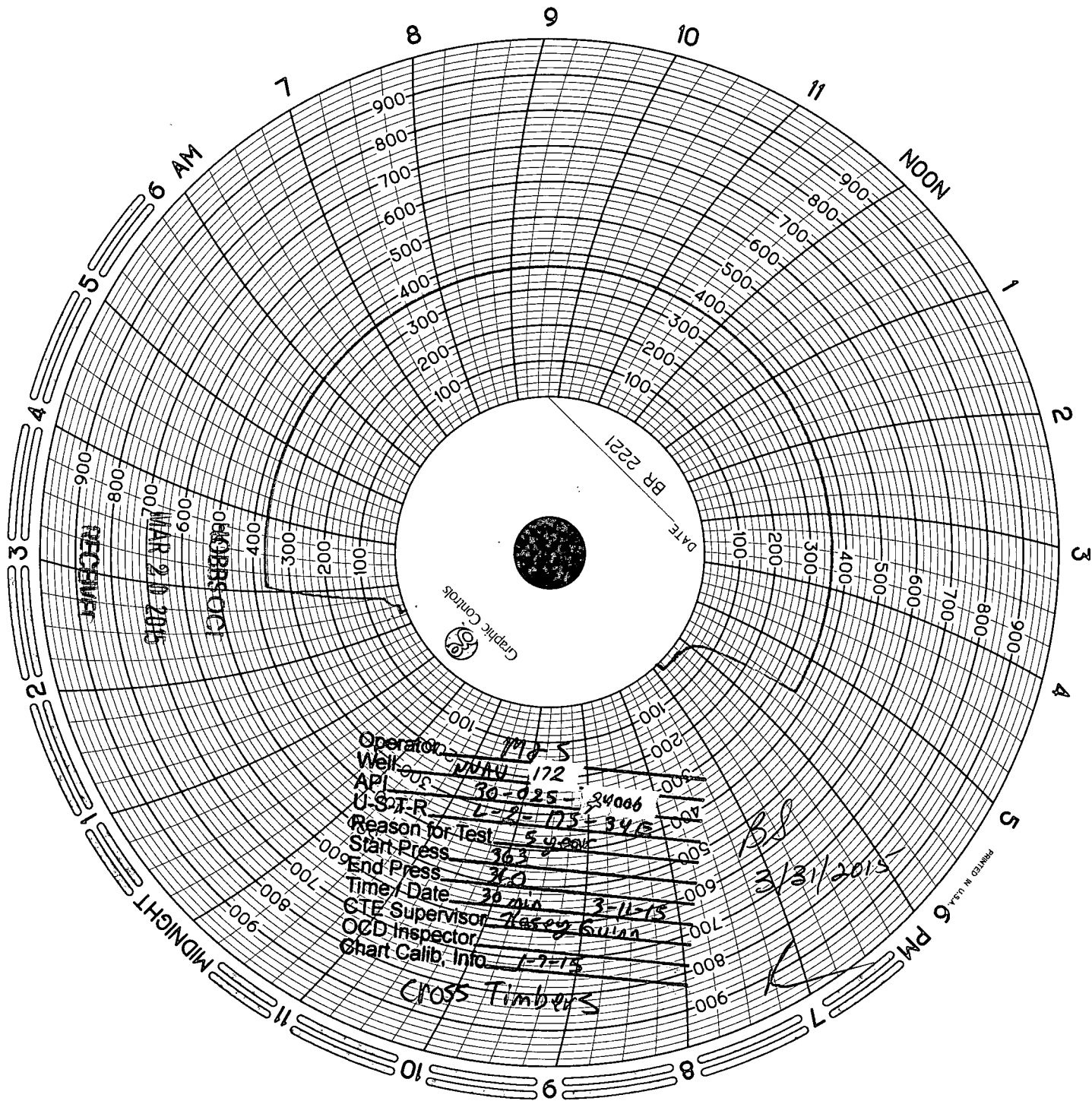
Spud Date: 3/20/1972

Rig Release Date: 4/18/1972

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 3/18/2015Type or print name LAURA STONE E-mail address: rgrigg@mspartners.com PHONE: 817-334-7842
For State Use OnlyAPPROVED BY: [Signature] TITLE COMPLIANCE OFFICER DATE _____
Conditions of Approval (if any):

APR 02 2015



BR 2221
DATE



Operator MD S
Well WNAU 172
API 30-025-34006
U-S-I-R U-2-175-340
Reason for Test 5 year
Start Press 363
End Press 360
Time/Date 30 min 3-11-15
CTE Supervisor Gregory Sullivan
OCD Inspector 1-7-15
Chart Calib. Info 1-7-15

Cross Timbers

BS
3/31/2015

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