

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
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-24027
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 5
9. OGRID Number 298299
10. Pool name or Wildcat NORTH VAC-ABO POOL
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3998 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 <u>B</u> : <u>660</u> feet from the <u>N</u> line and <u>1980</u> feet from the <u>E</u> line Section <u>18</u> Township <u>17-S</u> Range <u>35-E</u> NMPM County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3998 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <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 420, END PRESSURE 420)
CHART ATTACHED

Spud Date:

1/26/1972

Rig Release Date:

3/1/1972

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 Semanek

TITLE Staff Manager

DATE 3/31/2015

Conditions of Approval (if any):

APR 02 2015

PRINTED IN U.S.A.

Operator CL 255 Timbens
Well 24465
API 30-025-124627
U.S. # 18-18-1751-356
Reason for Test MTT
Start Press 420
End Press 420
Time / Date 3/14/15 30m
CTE Supervisor 30m
OCD Inspector 30m
Chart Calib. Info 2/20/15-1000

Graphic Controls
57
60 min
clock
DATE 3/14/15
BR 2221

NOON

RECEIVED

009-608-0008
MAR 20 2015

152 3/31/2015

6 AM