

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

MAR 20 2015

RECEIVED

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

|   |
|---|
| WELL API NO.<br>30-025-24600  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>312478  |
| 7. Lease Name or Unit Agreement Name<br>NORTH VAC. ABO EAST UNIT                                    |
| 8. Well Number 1  |
| 9. OGRID Number 298299  |
| 10. Pool name or Wildcat<br>NORTH VAC-ABO POOL  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>4005 GR                                       |

|  |  |
|--|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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<br>CROSS TIMBERS ENERGY, LLC   |  |
| 3. Address of Operator<br>400 WEST 7th STREET, FORT WORTH, TX 76102  |  |
| 4. Well Location<br>Unit Letter J : 1980 feet from the S line and 1980 feet from the E line<br>Section 7 Township 17-S Range 35-E NMPM County LEA  |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>4005 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.

5 YR. MIT TEST 3/4/15  
(START PRESSURE 450, END PRESSURE 450)  
CHART ATTACHED

Spud Date:

2/9/1974

Rig Release Date:

3/16/1974

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:

Bell Semanah

TITLE

Staff Manager

DATE

3/31/2015

Conditions of Approval (if any):

APR 02 2015

