

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. 30-025-23527
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 312479
7. Lease Name or Unit Agreement Name NORTH VACUUM ABO UNIT
8. Well Number 137
9. OGRID Number 298299
10. Pool name or Wildcat NORTH VAC-ABO
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4033 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-105) 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 B : 660 feet from the N line and 2130 feet from the E line
Section 26 Township 17-S Range 34-E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4033 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.

3/1/2016
5 YR. MIT TEST
(START PRESSURE 340, END PRESSURE 340)
CHART ATTACHED
(PASSED)

Spud Date:

6/13/1970

Rig Release Date:

7/19/1970

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 3/1/2016

Type or print name LAURA STONE

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

For State Use Only

APPROVED BY:

Bill Sanamah

TITLE

Staff Manager

DATE

3/10/16

Conditions of Approval (if any):

MAR 10 2016