

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

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

WELL API NO. <b>30-025-23782</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>312479</b>
7. Lease Name or Unit Agreement Name <b>NORTH VACUUM ABO UNIT</b>
8. Well Number <b>157</b>
9. OGRID Number <b>298299</b>
10. Pool name or Wildcat <b>VACUUM; ABO, NORTH</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>4038 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 **H** : **2180** feet from the **N** line and **660** feet from the **E** line  
Section **27** Township **17S** Range **34-E** NMPM County **LEA**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**4038 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 320, END PRESSURE 320)  
CHART ATTACHED  
(PASSED)

Spud Date:

5/25/1971

Rig Release Date:

8/14/1971

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 3/1/16

Type or print name LAURA STONE

E-mail address:

rgrigg@mspartners.com

PHONE: 817-334-7842

For State Use Only

APPROVED BY:

*Bill Samamah*

TITLE

Staff Manager

DATE

3/10/16

Conditions of Approval (if any):

MAR 10 2016