

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

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|---|
| WELL API NO. 30-025-23820 |
| 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 163 |
| 9. OGRID Number 298299 |
| 10. Pool name or Wildcat VACUUM; ABO, NORTH |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4043.5 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 <input type="checkbox"/> |
| 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 J : 1980 feet from the S line and 1980 feet from the E line Section 15 Township 17S Range 34-E NMPM County LEA |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4043.5 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 360, END PRESSURE 360)
CHART ATTACHED
(PASSED)

Spud Date: 8/9/1971

Rig Release Date: 8/31/1971

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: Beth Samanah TITLE Staff Manager DATE 3/10/16

Conditions of Approval (if any):

MAR 10 2016