Submit 1 Con	To Appropriate District		Ct. t. CNI.			E . C 103	
Submit Copy To Appropriate District Office District I.— (575) 393-6161		State of New Mexico Energy, Minerals and Natural Resources				Form C-103 Revised July 18, 2013	
	h Dr. Hobbs, NM 88240					WELL API NO. 30-025-24393	
\$11 S. First St	\$11 S. First Sc. Artesia, NM 882 0 District III – (505) 334-6178 OIL CONSERVATION DIVISION 1220 South St. Francis Dr.				5. Indicate Type of Lease		
1000 Rio Braz	0 Rio Brazos Rd., Aztec, NM 87410				STA'		
1220 S. St. Fra	District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505					6. State Oil & Gas Lease No. 312473	
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.)					7. Lease Name or Unit Agreement Name		
					STATE L		
1. Type of Well: Oil Well Gas Well Other					8. Well Number 4		
2. Name of Operator CROSS TIMBERS ENERGY, LLC						9. OGRID Number 298299	
3. Address of Operator 400 WEST 7th STREET, FORT WORTH, TX 76102					10. Pool name or Wildcat VACUUM; ABO, NORTH		
4. Well Lo	cation nit Letter D	.660 fee	et from the N	line and 66	60 fe	et from the W line	
	ction 21			Range 35-E	NMPM	County LEA	
	对是有一种			OR, RKB, RT, GR, etc	2)	3960 GR	
	12. Check	Appropriate	Box to Indicate	Nature of Notice	, Report or C	Other Data	
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CSNG	ENVIRO	CHG LOC		CASING/CEMEN	NT JOB		
INT TO F	PAP&A NR	P&A R					
OTHER:				OTHER: T	A MIT	Test X	
of s		work). SEE RUI		Il pertinent details, a	nd give pertiner	nt dates, including estimated data tach wellbore diagram of	
	1/2016						
	YR. MIT TEST						
Management of the Control of the Con	TART PRESSUI	RE 560, END	PRESSURE	555)			
the state of the s	HART ATTACHE					. 1	
(P.	ASSED)		77	nis Approval of	Temporan	h/2/2011	
			A	bandonment E	xpires	1/2/2014	
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				LAG	IT EX	TENSTON.	
						MGB.	
			1	100	- 1		
Spud Date:	3/25/1973		Rig Release l	Date: 4/13/197	3		
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I hereby certi	ify that the information	n above is true a	nd complete to the	hest of my knowled	ge and helief		
I hereby certi	ny that the informatio	above is true a	na complete to the	best of my knowled	ge and benen.		
	2	8th	Des			0/4/0040	
SIGNATUR	E Maura	More	TITLE Reg	gulatory Complia	ance	DATE 3/1/2016	
Type or print	name LAURA ST	ONE	E-mail addre	ess: rgrigg@ms	partners.cor	n PHONE: 817-334-7842	
For State Us		J.P.		. 1			
APPROVED	BY: VI AII	10 DOW	OWALE DI	st. Sugar	wisie	DATE 3/9/7011	
Conditions of	-	4200	THLE .	and any and		DATE - LEST	

