

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. 30-025-23645	
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	150W
9. OGRID Number	298299
10. Pool name or Wildcat VACUUM; ABO, NORTH	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4022' 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 ☐ 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 **N** : **2080** feet from the **W** line and **611** feet from the **S** line
Section **12** Township **17S** Range **34-E** NMPM County **LEA**

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 checked="" 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 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.

11/30/2016
INSTALLED NEW SEAL ASSEMBLY
REPLACED 2 JOINTS OF TGB.

MIT TEST (START PRESSURE 375, END PRESSURE 375)
MIT CHART ATTACHED

Spud Date:

01/10/1971

Rig Release Date:

02/03/1971

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 11/30/2016

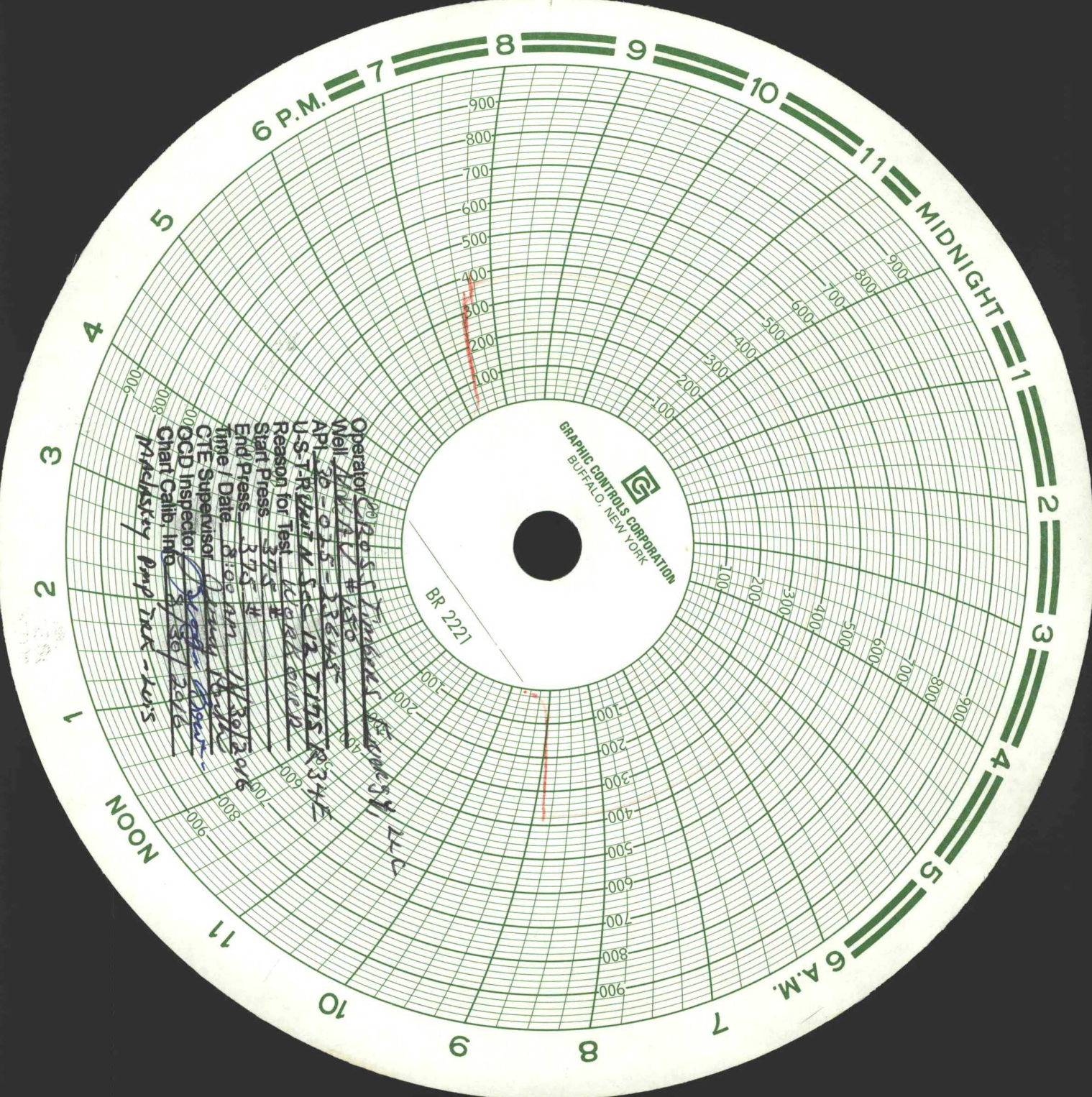
Type or print name LAURA STONE E-mail address: rgrigg@mspartners.com PHONE: 817-334-7842

For State Use Only

APPROVED BY: Mahy Brown TITLE Dist Supervisor DATE 12/5/2016

Conditions of Approval (if any)

RBDMS-Chart ✓



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

BR 2221

Operator Charles Timm
Well W-11
API 30-015-33645
U-S-T Richard N. S. S. 12 T 175
Reason for Test Leak check
Start Press. 375 #
End Press. 375 #
Time / Date 8:00 AM 11/30/2016
CTE Supervisor John P. Jones
OCD Inspector John P. Jones
Chart Calib. Info 9/30/2016
Pressure Pump Test - 2015