

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. 30-025-23697
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 VAC. ABO
8. Well Number 159
9. OGRID Number 298299
10. Pool name or Wildcat NORTH VAC-ABO
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4016 GL

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 P : 660 feet from the S line and 660 feet from the E line Section 12 Township 17-S Range 34E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4016 GL	

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: UIC	<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.

3/6/2017
5 YR. MIT TEST
(START PRESSURE 440, END PRESSURE 440)
CHART ATTACHED
(PASSED)

Spud Date:

4/13/1971

Rig Release Date:

5/10/1971

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 3/6/2017

Type or print name LAURA STONE E-mail address: cblaylock@mspartners.c PHONE: 817-334-7882

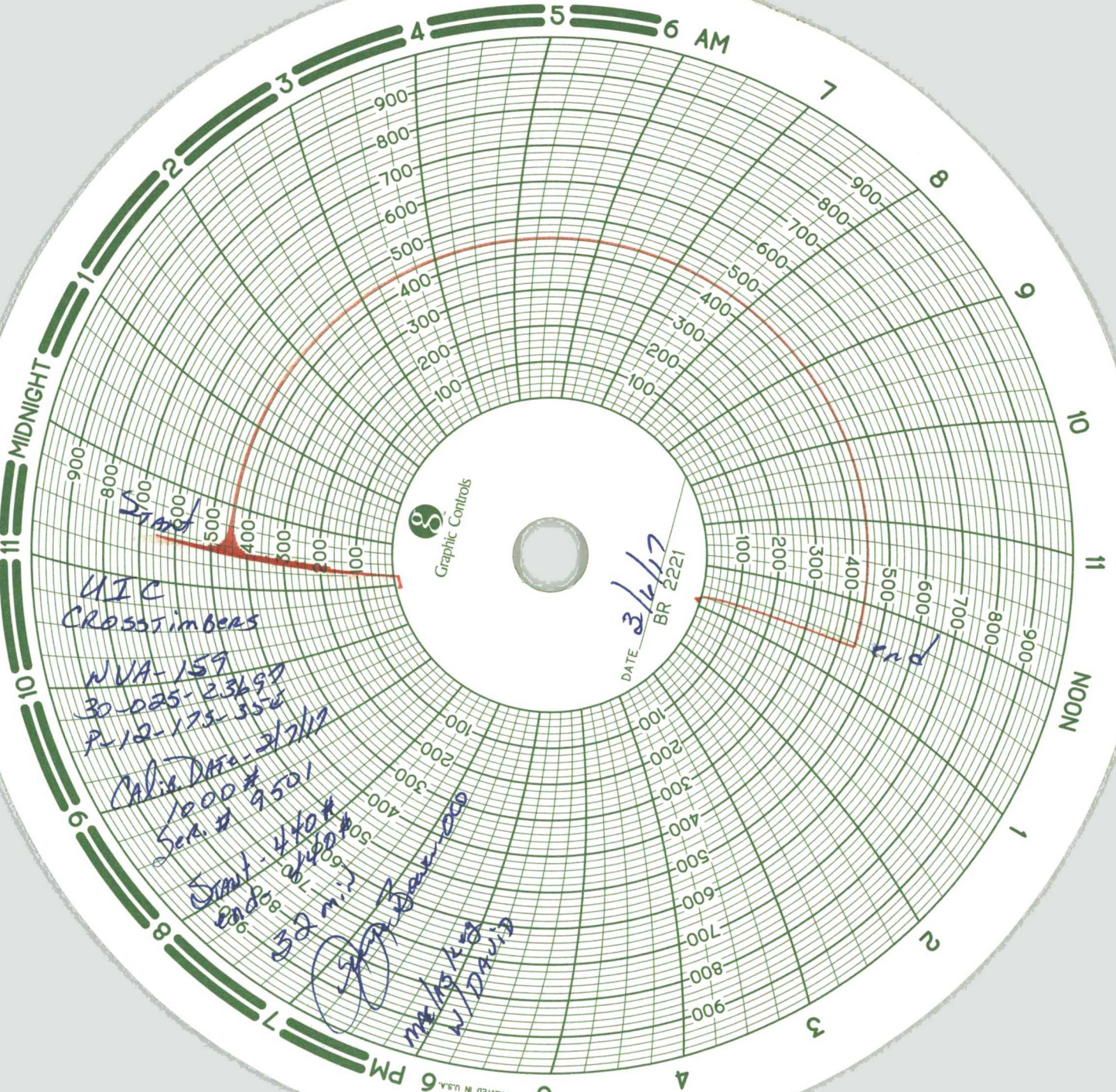
For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 3/1/17

Conditions of Approval (if any):



PRINTED IN U.S.A.



UIC
CROSS TIMBERS

NVA-159
30-025-23690
P-12-175-350
Calif. Date - 2/2/17
1000#
Ser. # 9501

Start - 440#
End - 460#
32 mi?

max/kid
w/ David

DATE 3/16/17
BR 2221

Start

end

District I

1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office
BRADENHEAD TEST REPORT

Operator Name Cross Timber Energy, LLC	³ API Number 30-025-23697
Property Name North Vacuum ABO Unit	Well No. 159

7. Surface Location

UL Lot P	Section 12	Township 17S	Range 34E		Feet from 660	N/S Line FSL	Feet From 660	E/W Line FEL	County Lea
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Well Status

Well Status <i>Active</i>	SHUT-IN	PRODUCING	DATE 2-21-17	<i>Injection</i>
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OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA

If bradenhead flowed water, check all of the descriptions that apply:

	(A)Surf-Interm	(B)Interm(1)-Interm(2)	(C)Interm-Prod	(D)Prod Csng	(E)Tubing
Pressure	0	NA	NA	0	4200
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	
Steady Flow	Y / N	Y / N	Y / N	Y / N	
Surges	Y / N	Y / N	Y / N	Y / N	
Down to nothing	Y / N	Y / N	Y / N	Y / N	
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / N	

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks:

INJECTING AT THIS TIME ☒ WTR, ☐ GAS, ☐ CO2

HOBBS OCD

MAR 07 2017

RECEIVED

Signature: <i>Gene Hudson</i>	OIL CONSERVATION DIVISION
Printed name: Gene Hudson	Entered into RBDMS
Title: Pumper	Re-test
E-mail Address: rhudson@ctfieldsrvcs.com	
Date: 2-21-17	
Phone: 575-441-1634	
Witness:	