

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

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

Form C-103  
Revised July 18, 2013

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.)		WELL API NO. 30-025-23713
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> INJ		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CROSS TIMBERS ENERGY, LLC		6. State Oil & Gas Lease No. 312479
3. Address of Operator 400 W 7TH ST, FORT WORTH, TX 76102		7. Lease Name or Unit Agreement Name NORTH VACUUM ABO UNIT
4. Well Location Unit Letter <u>J</u> : <u>1795</u> feet from the <u>S</u> line and <u>1980</u> feet from the <u>E</u> line Section <u>12</u> Township <u>17S</u> Range <u>34-E</u> NMPM County <u>LEA</u>		8. Well Number <u>158</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4025 GL		9. OGRID Number 298299
		10. Pool name or Wildcat

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.

REPLACED ENTIRE T&G STRING AND REDRESSED SEAL ASSEMBLY  
RAN MIT, WITNESSED BY NMOCD

05/09/2017 PASSING MIT (START PRESSURE 340, END PRESSURE 340), CHART ATTACHED

Spud Date:

02/08/1971

Rig Release Date:

05/23/1971

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Connie Blaylock TITLE REGULATORY TECH DATE 05/09/2017

Type or print name CONNIE BLAYLOCK E-mail address: cblaylock@mspartners.com PHONE: 817-334-7882

For State Use Only

APPROVED BY: Malay Brown TITLE AO/II DATE 5/17/2017

Conditions of Approval (if any):

RBDMS - CHART - ✓



