

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. 30-025-23644
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 148
9. OGRID Number 298299
10. Pool name or Wildcat VACUUM; ABO, NORTH

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 type="checkbox"/> Other <input checked="" type="checkbox"/> INJECTION
2. Name of Operator CROSS TIMBERS ENERGY, LLC
3. Address of Operator 400 W 7TH ST, FORT WORTH, TX 76102
4. Well Location Unit Letter N : 860 feet from the S line and 1980 feet from the W line Section 11 Township 17-S Range 34E NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4045 GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: ☐

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.

Repair tubing leak/pkr seal
Perform MIT
Return well to injection 03/20/2018

MIT Chart attached
Start Pressure 330 psi, End Pressure 330 psi

Spud Date:

12/17/1970

Rig Release Date:

01/15/1971

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 03/21/2018

Type or print name CONNIE BLAYLOCK

E-mail address: cblaylock@mspartners.com

PHONE: 817-334-7882

For State Use Only

APPROVED BY:

Gregory Brown

TITLE Compliance Officer

DATE 3/27/18

Conditions of Approval (if any):

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

BRADENHEAD TEST REPORT

Operator Name Cross Timbers		API Number 30-025-23644	
Property Name NVA		Well No. 148	

Surface Location

UL - Lot N	Section 11	Township 17S	Range 34E	Feet from 860	N/S Line S	Feet From 1980	E/W Line W	County LCA
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Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR INI	SWD <input type="radio"/>	OIL PRODUCER <input type="radio"/>	GAS <input type="radio"/>	DATE 3/19/18
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod C'sng	(E)Tubing
Pressure	0	—	—	0	0
Flow Characteristics					
Pull	Y / N	Y / N	Y / N	Y / N	CO2 <input type="checkbox"/>
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR <input type="checkbox"/>
Surges	Y / N	Y / N	Y / N	Y / N	GAS <input type="checkbox"/>
Down to nothing	0 / N	Y / N	Y / N	0 / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	Y / N	Y / N	Y / N	Waterflood if
					applies

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

POST WORK OVER TEST

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date: 3/19/18	Phone:		
Witness: [Signature]			

INSTRUCTIONS ON BACK OF THIS FORM