

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 August 1, 2011

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

HOBBS OGD  
AUG 14 2018  
RECEIVED

|  |  |   |
|--|--|---|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG A WELL TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)   |  | WELL API NO.<br>30-025-23565                                  |
| 1. Type of Well: Oil Well      Gas Well      Other      X  |  | 5. Indicate Type of Lease<br>STATE      X      FEE            |
| 2. Name of Operator<br>CROSS TIMBER ENERGY, LLC  |  | 6. State Oil & Gas Lease No.                                  |
| 3. Address of Operator<br>400 W. 7 <sup>TH</sup> STREET, FORT WORTH, TEXAS 76102   |  | 7. Lease Name or Unit Agreement Name<br>NORTH VACUUM ABO UNIT |
| 4. Well Location<br>Unit Letter    B    :    660    feet from the    NORTH    line and    1780    feet from the    EAST    line<br>Section        27                                    Township    17S    Range        34E                    NMPM                    County    LEA |  | 8. Well Number<br>143   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>4,041' - KB  |  | 9. OGRID Number<br>298299                                     |
|  |  | 10. Pool name or Wildcat<br>VACUUM; ABO, NORTH                |

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

|   |  |  |   |
|---|--|--|---|
| <b>NOTICE OF INTENTION TO</b>   |  | <b>SUBSEQUENT REPORT OF:</b>                     |   |
| PERFORM REMEDIAL WORK <input type="checkbox"/>  |  | REMEDIAL WORK <input type="checkbox"/>           | ALTERING CASING <input type="checkbox"/>    |
| TEMPORARILY ABANDON <input type="checkbox"/>  |  | COMMENCE DRILLING OPNS. <input type="checkbox"/> | P AND A <input checked="" type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>   |  | CASING/CEMENT JOB <input type="checkbox"/>       |   |
| DOWNHOLE COMMINGLE <input type="checkbox"/>   |  |  |   |
| OTHER: <input type="checkbox"/> INT TO PA <input checked="" type="checkbox"/> P&A NR <input checked="" type="checkbox"/> P&A R <input type="checkbox"/> |  | OTHER: WELL PLUGGED AND ABANDONED 08/07/18       |   |

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.

08/03/18: CHECK PRESSURES/ GAS BUBBLES ON TBG. X CSG. ANNULI – NONE.  
08/04/18: PUMP 25 SXS. CMT. @ 8,550'; WOC – DID NOT TAG CMT. PLUG; PUMP 25 SXS. CMT. @ 8,550' (PER OCD); WOC.  
08/05/18: TAG CMT. PLUG @ 8,505'; PUMP 25 SXS. CMT. @ 8,505' (PER OCD); WOC X TAG CMT. @ 8,287'; ATTEMPT TO CIRC. WELL W/ M.L.F. – UNSUCCESSFUL; PUMP 25 SXS. CMT. @ 5,550' (PER OCD); WOC.  
08/06/18: TAG CMT. @ 5,249' (OK'D BY OCD); PUMP 30 SXS. CMT. W/ 2% CACL @ 2,730'; WOC X TAG CMT. @ 2,403' (OK'D BY OCD); PUMP 35 SXS. CMT. W/ 2% CACL @ 2,350'; WOC X TAG CMT. @ 2,100' (OK'D BY OCD); CIRC. WELL W/ M.L.F.; PRES. TEST CSG. TO 800# - HELD OK; PUMP 60 SXS. CMT. @ 1,725' (COMBINED PLUGS 6 X 7 – OK'D BY OCD); WOC.  
08/07/18: TAG CMT. PLUG @ 1,210' (OK'D BY OCD); PUMP 25 SXS. CMT. W/ 2% CACL @ 850'; WOC X TAG CMT. @ 639' (OK'D BY OCD); MIX X CIRC. TO SURF. 25 SXS. CMT. @ 200'-3'; DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; WELD ON STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER.

Spud Date:

MIRU: 08/03/18

Rig Release

Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms.  
Restoration Due By 8-7-2019

I hereby certify that the information above is true and complete to the

SIGNATURE

*David A. Eyler*

TITLE: AGENT

DATE: 08/07/18

Type or print name: DAVID A. EYLER

E-mail address: [deyler@milagro-res.com](mailto:deyler@milagro-res.com)

PHONE: 432.687.3033

For State Use Only

APPROVED BY:

*Mark Whitaker*

TITLE P.E.S.

DATE 08/15/2018

Conditions of Approval (if any):