Office	o Appropriate District	State of New Me			Form C-10 Revised July 18, 201	-	
1625 N. French Dr., Hobbs, NM 8210BBS OCD				WELL API NO. 30-025-23568			
911 C First St. Astorio NM 99210 OIL CONSERVATION DIVISION				5. Indicate Type of		\neg	
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505				STATE [- *	
1220 S. St. Francis Dr., Santa Fe, NRECENCED				312479			
	SUNDRY NOTICES AND R	EPORTS ON WELLS		7. Lease Name or	Unit Agreement Name		
(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.)				N VACUUM ABO UNIT			
1. Type of Well: Oil Well Gas Well Other INJECTION				8. Well Number	145		
2. Name of Operator CROSS TIMBERS ENERGY, LLC				9. OGRID Number 298299			
3. Address of Operator					10. Pool name or Wildcat		
	400 W 7TH ST. FOR	T WORTH, TX 76	102	VAC; AB	BO , NORTH		
4. Well Locat	-	et from the S	line and	860 feet from	n the E line		
Sectio		ownship 17-S Ra		NMPM	County LEA	1	
		on (Show whether DR,) Eser			
and the second second second		4035 GR		1997. T			
	12. Check Appropriate	Box to Indicate N	ature of Notice,	Report or Other	Data		
	NOTICE OF INTENTION			SEQUENT REI		_	
			REMEDIAL WOR		ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN)	
DOWNHOLE							
CLOSED-LOO	P SYSTEM	-	OTUED				
OTHER: 13. Descri	be proposed or completed operation	ns. (Clearly state all j	OTHER: pertinent details, an	d give pertinent date	s, including estimated d	ate	
of star	ing any proposed work). SEE RU ed completion or recompletion.						
Propos	sed RU: 09/04/2018						
1.	MIRU. Release packer @ 8,515'						
2. 3.	Pull uphole 30' and reset packer L&T Backside. Circulate Packer						
3. 4.	Notify NMOCD and perform M						
D	and danaha						
	ent depths: ed New Setting Depth @ 8,485'						
Curren	t Arrowset Injection Packer @ 8,5	15'					
Тор Ре	rf @ 8,575'						
_		-					
Spud Date:	9/22/1970	Rig Release Da	te: 10/2	22/1970			
L							
I haraby cartify	that the information above is true	and complete to the h	est of my knowledge	a and haliaf			
Thereby certify	that the mormation above is the	and complete to the b	est of my knowledg	se and benef.			
SIGNATURE	annam that halo	TITLE_Regul	atory Tech	DA	TE 8/30/2018		
Type or print na	me Samanntha Angeles	E-mail address	: sangeles@ms	partners.com PH	ONE: 817-334-7747		
For State Use			10/-		\overline{a}		
APPROVED B	Y: Y Lader of the	WATITLE	NU/I	DA	TE 4/4/201	3	
Conditions of A		·····		5/1		~	
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