aa				_	R	eceived NMOCD	12/8/20		
Submit 1 Copy To A Office	Appropriate District		ate of New M				_	Form C-103	
<u>District I</u> – (575) 39		Energy, Mi	nerals and Nat	ural Resou	ırces	WELL ADI		vised July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283						WELL API NO.			
811 S. First St., Artesia, NM 88210 OIL CON			SERVATION DIVISION			30-025-23526 5. Indicate Type of Lease			
<u>District III</u> – (505) 3 1000 Rio Brazos Rd	South St. Francis Dr.			STATE X FEE					
<u>District IV</u> – (505) 4	anta Fe, NM 8	ta Fe, NM 87505			6. State Oil & Gas Lease No.				
1220 S. St. Francis l					2124	70			
87505	RTS ON WELL	TS ON WELLS			312479 7. Lease Name or Unit Agreement Name				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PL					O A	7. Deade Frame of Sint Egreement Frame			
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH						NORTH VAC ABO			
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other INI						8. Well Nu			
2. Name of Operator						9. OGRID			
CROSS TIMBERS ENERGY, LLC						298299			
3. Address of Operator						10. Pool name or Wildcat			
	FORT WORTH, TX 76102			NORTH VAC ABO					
4. Well Location		,	,						
Unit Le	etter <u> </u>	1980feet fro	om the N	line	and	<u>1980</u> fe	et from the	Wline	
Section	26	Towns	ship 17-S R	lange 3	4-E	NMPM	County	LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)									
4030 GL									
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A DOWNHOLE CASING MULTIPLE COMPL CASING/CEMENT JOB PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB OTHER: OTHER: OTHER: OTHER: OTHER: Table 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. 12/07/2020 1. MIRU. Release packer and POOH w/ packer and 2-3/8" IPC tbg. Redress packer as needed 2. RBIH w/ 2-3/8" IPC tbg, test in hole, set packer at previous setting depth of 8,390'. Pressure test backside. Release from packer, circulate backside w/ packer fluid, latch back on to packer. Contact NMOCD & run MIT per OCD representative's directive. RDMO. Condition of Approval: notify OCD Hobbs office 24 hours									
Spud Date:	06/16/197	0	Rig Release D	ate:	07/	prio	r of running MIT	Test & Chart	
I hereby certify th	nat the information	above is true and o	complete to the l	pest of my l	knowledge	and belief.			
SIGNATURE			TITLE	Regul	atory Te	chnician	DATE <u>1</u>	2/07/2020	
Type or print nan For State Use On	ne <u>Samanntha A nly</u>	Avarello	_ E-mail addre	ss: _savare	ello@msp	oartners.coi	n PHONE: _8	17-334-7747	
APPROVED BY Conditions of Ap	: Xuy foi proval (if any):	ther	_TITLECor	npliance C	Officer A		DATE <u>12/9</u>)/20	