

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

**HOBBS** State of New Mexico  
 Energy, Minerals and Natural Resources  
**MAR 20 2015**  
**RECEIVED** OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

WELL API NO. <b>30-025-23996</b>	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. <b>312478</b>	
7. Lease Name or Unit Agreement Name <b>NORTH VAC. ABO EAST UNIT</b>	
8. Well Number <b>2</b>	<input checked="" type="checkbox"/>
9. OGRID Number <b>298299</b>	
10. Pool name or Wildcat <b>NORTH VAC-ABO POOL</b>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	<b>4017 GR</b>

**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  Gas Well  Other

2. Name of Operator  
**CROSS TIMBERS ENERGY, LLC**

3. Address of Operator  
**400 WEST 7th STREET, FORT WORTH, TX 76102**

4. Well Location  
 Unit Letter **L** : **1993** feet from the **S** line and **660** feet from the **W** line  
 Section **7** Township **17-S** Range **35-E** NMMPM County **LEA**

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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 checked="" 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.

**5 YR. MIT TEST 3/4/15**  
**(START PRESSURE 400, END PRESSURE 400)**  
**CHART ATTACHED**

Spud Date: **1/21/1972**

Rig Release Date: **2/14/1972**

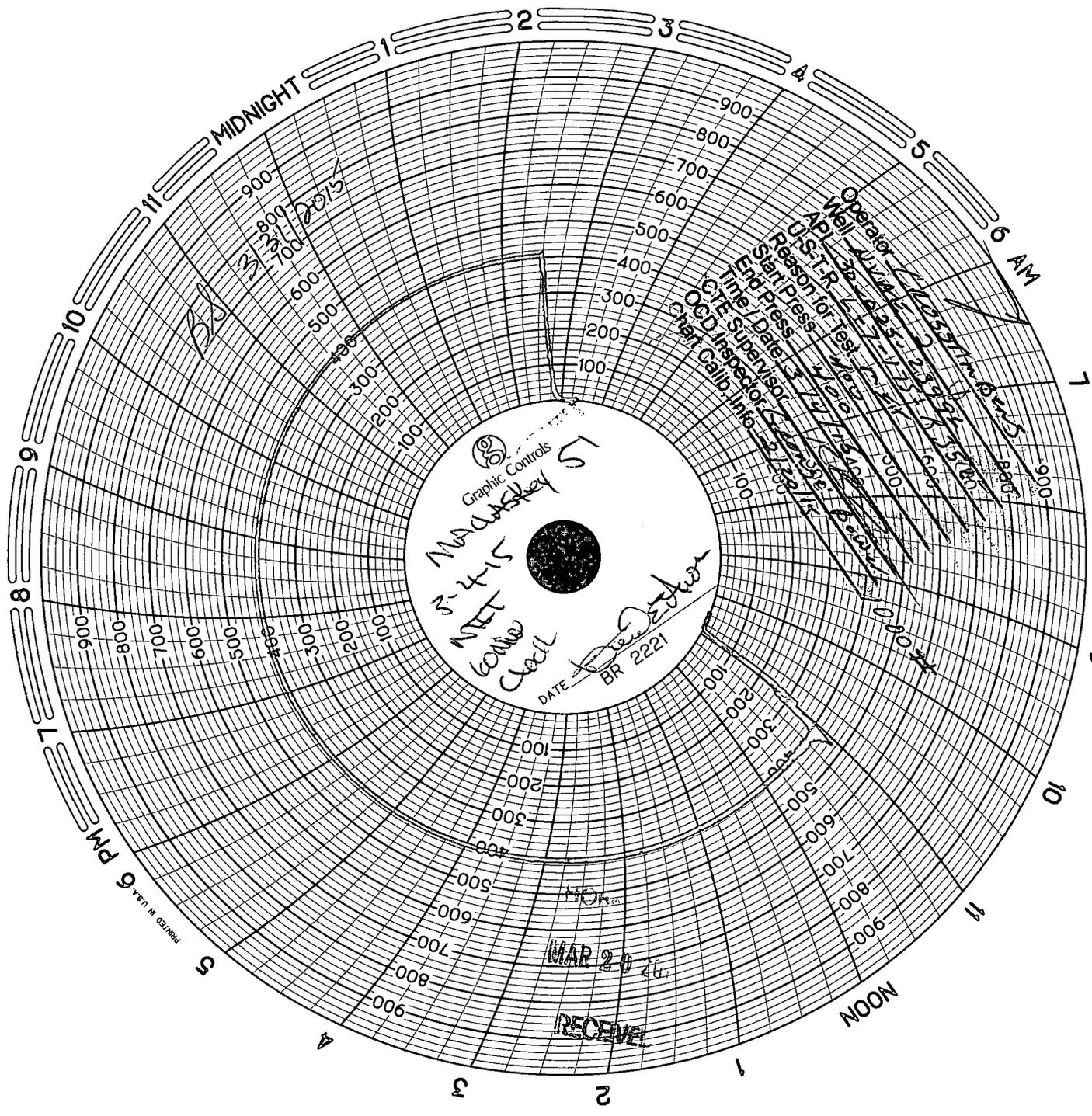
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Laura Stone* TITLE Regulatory Compliance DATE 3/18/2015

Type or print name LAURA STONE E-mail address: rgrigg@mspartner.com PHONE: 817-334-7842  
**For State Use Only**

APPROVED BY: *Bill Sawamah* TITLE Staff Manager DATE 3/31/2015  
 Conditions of Approval (if any):

**APR 02 2015**



Graphic Controls

MACH 5  
 3-4-15  
 MET  
 6000  
 Cecil

DATE BR 2221

Operator: [Handwritten]  
 Well: [Handwritten]  
 U.S.T.R. [Handwritten]  
 Reason for Test: [Handwritten]  
 Start Press: [Handwritten]  
 End Press: [Handwritten]  
 Time / Date: [Handwritten]  
 C.I.E. Supervisor: [Handwritten]  
 Chief Inspector: [Handwritten]  
 Chief Calib. Info: [Handwritten]

MAR 20 1966

RECEIVED

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