

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

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

Form C-103  
Revised July 18, 2013

|                                                    |                                                                        |
|----------------------------------------------------|------------------------------------------------------------------------|
| WELL API NO.                                       | 30-025-22400                                                           |
| 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                                     | 212                                                                    |
| 9. OGRID Number                                    | 298299                                                                 |
| 10. Pool name or Wildcat                           | VACUUM; ABO, NORTH                                                     |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) |                                                                        |
| 1043 GR                                            |                                                                        |

**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 ☐ INJ

2. Name of Operator  
CROSS TIMBERS ENERGY, LLC

3. Address of Operator  
400 W 7TH STREET, FORT WORTH, TX 76102

4. Well Location  
Unit Letter P 795 feet from the S line and 795 feet from the E line  
Section 24 Township 17-S Range 34-E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
1043 GR

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

| NOTICE OF INTENTION TO:                        |                                           | SUBSEQUENT REPORT OF:                            |                                          |
|------------------------------------------------|-------------------------------------------|--------------------------------------------------|------------------------------------------|
| 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: MIT <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 05/07/2019  
START PRESSURE 390, END PRESSURE 390

Spud Date:

02/02/1968

Rig Release Date:

03/27/1968

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

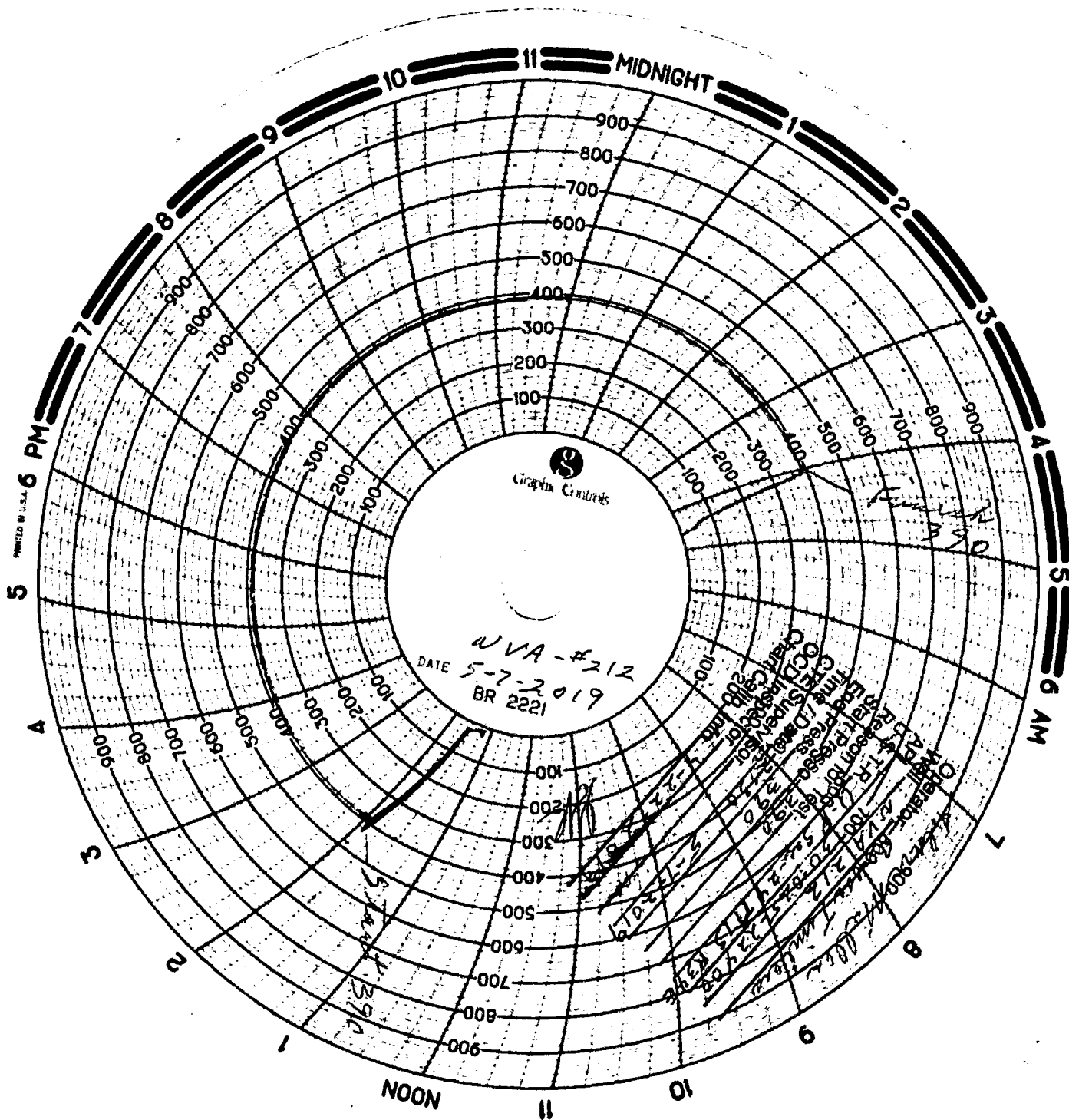
SIGNATURE Samanntha Avarello TITLE Regulatory Technician DATE 05/29/2019

Type or print name Samanntha Avarello E-mail address: savarello@mspartners.com PHONE: 817-334-7747

For State Use Only

APPROVED BY: [Signature] TITLE Caplain's Officer DATE 5-31-19

Conditions of Approval (if any):



District I  
1625 N French Dr., Hobbs, NM 88240  
Phone (575) 391-6161 Fax (575) 391-0720

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

|                                           |                            |
|-------------------------------------------|----------------------------|
| Operator Name<br>Cross Timber Energy, LLC | API Number<br>30-025-22400 |
| Property Name<br>North Vacuum ABO Unit    | Well No<br>212             |

**Surface Location**

|               |               |                 |              |                  |                 |                  |                 |               |
|---------------|---------------|-----------------|--------------|------------------|-----------------|------------------|-----------------|---------------|
| UL - Lot<br>P | Section<br>24 | Township<br>17S | Range<br>34E | Feet from<br>795 | N/S Line<br>FSI | Feet From<br>795 | E/W Line<br>FEI | County<br>Lea |
|---------------|---------------|-----------------|--------------|------------------|-----------------|------------------|-----------------|---------------|

**Well Status**

|             |                      |           |                         |            |
|-------------|----------------------|-----------|-------------------------|------------|
| Well Status | SHUT-IN<br><i>NO</i> | PRODUCING | DATE<br><i>4-9-2019</i> | <i>Enj</i> |
|-------------|----------------------|-----------|-------------------------|------------|

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

**OBSERVED DATA**

If bradenhead flowed water, check all of the descriptions that apply:

|                      | (A) Surf-Interm | (B) Interm(1)-Interm(2) | (C) Interm-Prod | (D) Prod Cons | (E) Taping  |
|----------------------|-----------------|-------------------------|-----------------|---------------|-------------|
| Pressure             | <i>0</i>        |                         |                 | <i>0</i>      | <i>4200</i> |
| Flow Characteristics |                 |                         |                 |               |             |
| Puff                 | <i>Y / N</i>    | <i>Y / N</i>            | <i>Y / N</i>    | <i>Y / N</i>  |             |
| Steady Flow          | <i>Y / N</i>    | <i>Y / N</i>            | <i>Y / N</i>    | <i>Y / N</i>  |             |
| Surges               | <i>Y / N</i>    | <i>Y / N</i>            | <i>Y / N</i>    | <i>Y / N</i>  |             |
| Down to nothing      | <i>Y / N</i>    | <i>Y / N</i>            | <i>Y / N</i>    | <i>Y / N</i>  |             |
| Gas or Oil           | <i>Y / N</i>    | <i>Y / N</i>            | <i>Y / N</i>    | <i>Y / N</i>  |             |
| Water                | <i>Y / N</i>    | <i>Y / N</i>            | <i>Y / N</i>    | <i>Y / N</i>  |             |

If bradenhead flowed water, check all of the descriptions that apply:

|       |       |       |        |       |
|-------|-------|-------|--------|-------|
| CLEAR | FRESH | SALTY | SULFUR | BLACK |
|-------|-------|-------|--------|-------|

Remarks:

INJECTING AT THIS TIME ☒ WTR. ☐ GAS. ☐ CO2

|                                              |                                      |
|----------------------------------------------|--------------------------------------|
| Signature <i>Jose Casas</i>                  | OIL CONSERVATION DIVISION            |
| Printed name <i>Jose Casas</i>               | Entered into RBDMS <i>[initials]</i> |
| Title <i>Lease Operator</i>                  | Re-test                              |
| E-mail Address <i>JCASAS@ctfieldsllc.com</i> |                                      |
| Date <i>4-9-2019</i>                         | Phone <i>575-746-7220</i>            |
| Witness                                      |                                      |