

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

Received NMOCD 11/30/20

Form C-103  
 Revised July 18, 2013

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

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.)		WELL API NO. 30-025-23697
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>INJ</u>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CROSS TIMBERS ENERGY, LLC		6. State Oil & Gas Lease No. 312479
3. Address of Operator 400 W 7TH STREET, FORT WORTH, TX 76102		7. Lease Name or Unit Agreement Name NORTH VAC ABO
4. Well Location Unit Letter <u>P</u> : <u>660</u> feet from the <u>S</u> line and <u>660</u> feet from the <u>E</u> line Section <u>12</u> Township <u>17-S</u> Range <u>35-E</u> NMPM County <u>LEA</u>		8. Well Number 159
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4016 GL		9. OGRID Number 298299
		10. Pool name or Wildcat NORTH VAC ABO

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 checked="" 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 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.

10/21/20 – MIRU. Sting out pkr. POOH & LD IPC Sub, jt, tbg. Found hole tbg.  
 10/22/20 - PU & TIH w/ redressed seal assembly, jts, tbg, IPC tbg. Sting into pkr.  
 10/23/20 - Test backside to 500 psi. Held ok. Circ pkr fluid. ND BOP. NU WH tree. RU chart recorder.  
 Run MIT. Start 540#, End 520#, M&S #1, Cal 6/8/2020, 1000#, 32 min, No OCD Present. RDMO kill trk/  
 chart recorder. RDMO PU. Clean location. RWTI

Spud Date:

Rig Release Date:

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 11/05/2020

Type or print name Samanntha Avarello E-mail address: savarello@mspartner.com PHONE: 817-334-7747  
**For State Use Only**

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 12/1/20  
 Conditions of Approval (if any)

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

BRADENHEAD TEST REPORT

Operator Name <b>Cross Timbers Energy LLC</b>	API Number <b>30-025-23697</b>
Property Name <b>North Vacuum ARO Unit</b>	Well No. <b>159</b>

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>P</b>	<b>12</b>	<b>175</b>	<b>34 E</b>	<b>660</b>	<b>FSL</b>	<b>660</b>	<b>FEL</b>	<b>LEA</b>

Well Status

TA'D Well YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR INJ <input checked="" type="checkbox"/> SWD <input type="checkbox"/>	PRODUCER OIL <input checked="" type="checkbox"/> N/A GAS <input type="checkbox"/>	DATE <b>10/23/20</b>
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OBSERVED DATA

	(A)Surf-Intern	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure	<b>0</b>			<b>0</b>	<b>0</b>
Flow Characteristics		<b>N/A</b>	<b>N/A</b>		
Puff	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	CO2 <input type="checkbox"/>
Steady Flow	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	WTR <input checked="" type="checkbox"/>
Surges	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	GAS <input type="checkbox"/>
Down to nothing	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	If applicable type
Gas or Oil	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	fluid injected for
Water	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Waterflood

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

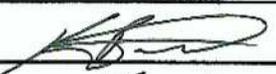
CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

**POST WORKOVER**

MIT =  
 m + s #1  
 1000 #  
 60 min cal 6/8/20

Start - 540 #  
 End - 520 #  
 32 min TEST

Signature: 	OIL CONSERVATION DIVISION
Printed name: <b>KEVIN BENNETT</b>	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <b>10/23/20</b>	Phone: <b>575-513-8156</b>
Witness:	<b>K F</b>

