

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

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-025-23460	<input checked="" type="checkbox"/>
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 135	
9. OGRID Number 298299	
10. Pool name or Wildcat VACUUM; ABO, NORTH	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4040 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 Inspector

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 : 1980 feet from the S line and 860 feet from the W line
 Section 11 Township 17S Range 34E NMPM County LEA

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: MIT <input checked="" type="checkbox"/>	
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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.

MIT TEST: 4/16/2014
 380 #; 37 MIN.
 CHART ATTACHED

Spud Date: 05/19/1970

Rig Release Date: 06/16/1970

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

SIGNATURE Robbie A. Grigg TITLE REGULATORY COMPLIANCE DATE 04/23/2014

Type or print name ROBBIE A GRIGG E-mail address: rgrigg@mspartners.com PHONE: 817-334-7842
For State Use Only

APPROVED BY: Bill Senanah TITLE Staff Manager DATE 4-25-14
 Conditions of Approval (if any):

FOR RECORD ONLY

BS Ocd 4-25-14

APR 30 2014

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