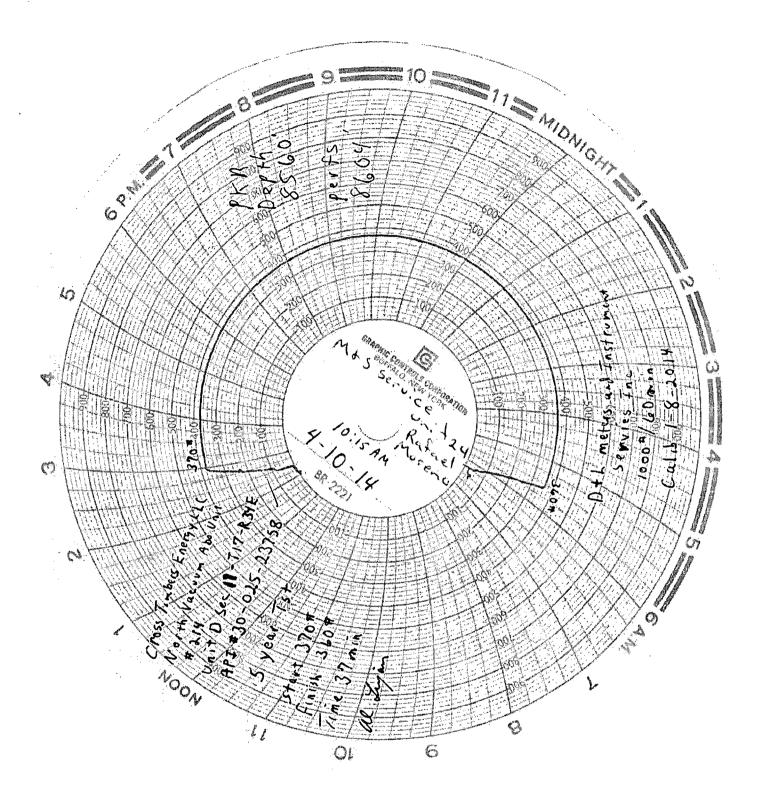
Submit 1 Copy To Appropriate District Office	State of New Mexico					rm C-103
District 1 - (575) 393-6161	Energy, Minera	ils and Natu	ral Resources	WELL API NO.	Revised:	luly 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> - (575) 748-1283	·			30-025-23758		V
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type o	f Lease	
<u>District III</u> – (505) 334-6178 1000 Río Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE	FEE	
<u>District IV</u> - (505) 476-3460	Santa Fe, NM 87505			6. State Oil & Gas	Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				312479		
	ICES AND REPORTS	ON WELLS		7. Lease Name or	Unit Agreem	ent Name
(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPL PROPOSALS.)				NORTH VACL	IUM ABO	UNIT
1. Type of Well: Oil Well	Gas Well 🔳 Other	1 M	ecton _	8. Well Number	214	1
2. Name of Operator CROSS TIMBERS ENER	9. OGRID Numbe	298299				
3. Address of Operator 400 WEST 7th STREET, I	FORT WORTH, T	X 76102	V	VACUUM; ABO		1
4. Well Location	790	N	79	30	. W	
Unit Letter Section 11	teet from the few	ne	line and inge 34E	feet fron	County LE	line A.
Constitution of the contract o	I.I. Elevation (Show			1		
		***************************************		4097	GK	đ.
12 Check	Appropriate Box to	Indicate N	ature of Notice	Report or Other	Diata	
· · · · · · · · · · · · · · · · · · ·		indicate 14		SEQUENT REF		
NOTICE OF INTENTION TO: SUB PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR					ALTERING C	and the second s
TEMPORARILY ABANDON					P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEMEN	IT JOB 🔲		
DOWNHOLE COMMINGLE						
CLOSED-LOOP SYSTEM COTHER:	j	\Box	OTHER:		MIT	
13. Describe proposed or com	pleted operations. (Cle	arly state all i	<u> </u>	d give pertinent date		
of starting any proposed very proposed completion or re	vork). SEE RULE 19.1:					
MIT TEST: 4/10/20	•					
360 #; 37 MIN.	14					
CHART ATTACHE	D					
GIART ATTAOTIE	J					
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Spud Date: 04/28/1971	R	ig Release Da	ate: 05/26/197	/1		
Vertical and the second of th			1			
I hereby certify that the informatio	n above is true and com	nlete to the h	est of my knowled	ge and belief		
Theropy certify that the intormatio	A	piete to tije o	est, of my knowled,	ge and benet.		
Dur 1		050		A ADLIA NOT	0.4.00.0	
SIGNATURE SAMUE	· Chery	TILE KEG	ULATORY CC	MPLIANCE DA	TE 04/23/2	2014
Type or print name ROBBIE A	GRIGG F	E-mail addres	s: rgrigg@msi	partners.com PH	ONE: 817-	334-7842
For State Use Only	<u> </u>					
APPROVED BY: Bul.	ho. and T	ITLE \$	Staff Man	DA DA	TE 4-25	: 14
Conditions of Approval (if any):	1	IILL		UA.	1 E	
manage - with some (and).			!	FOR RECO	ORD O	MLY
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