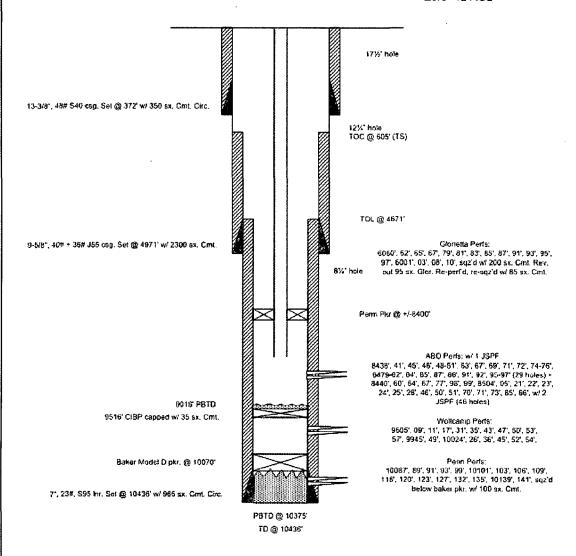
Submit Copy To Appropriate District Office	State of New Mexico	Form C-103 Revised July 18, 2013
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 HOBBS OCD District II – (575) 748-1283	Minerals and Natural Resources	WELL API NO. 30-025-21808
811 S. First St., Artesia, NM 88210 OIL CO	ONSERVATION DIVISION 20 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505		312479
SUNDRY NOTICES AND RE		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL (DIFFERENT RESERVOIR. USE "APPLICATION FOR PER PROPOSALS.)		NORTH VACUUM ABO UNIT
1. Type of Well: Oil Well Gas Well	Other	8. Well Number 116
2. Name of Operator CROSS TIMBERS ENERGY, LLC		9. OGRID Number 298299
3. Address of Operator 400 WEST 7th STREET, FORT WOR	ГН, ТХ 76102	10. Pool name or Wildcat VACUUM; ABO, NORTH
4. Well Location L 1880 S S 510 S W		
Unit Letter : 1000 feet from the line and feet from the V line Section 24 Township 17S Range 34E NMPM County LEA		
	(Show whether DR, RKB, RT, GR, etc.)	
HUSU SINT		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK ■ PLUG AND ABANDON □ REMEDIAL WORK □ ALTERING CASING □ TEMPORARILY ABANDON □ CHANGE PLANS □ COMMENCE DRILLING OPNS.□ P AND A □		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A DULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM OTHER:	□ OTHER:	
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.		
Repair tbg/pkr leak:		onservation Division
MUST BE NOTIFIED 24 Hours		
Prior to the beginning of operations Repair tbg/packer as needed.		
3. Perform csg MIT		
Return to injection	Condition	of Approval: notify
	OCD Ho	bbs office 24 hours
See attached schematic.	prior of run	ning MIT Test & Chart
Spud Date: 07/01/1966	Rig Release Date: 08/22/1966	6
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Pagulatan Campliana - 05/20/2014		
SIGNATURE TITLE Regulatory Compliance DATE 05/29/2014		
Type or print name Robbie A Grigg For State Use Only	E-mail address: rgrigg@mspa	artners.com PHONE: 817-334-7842
APPROVED BY: MALLY SUPERVISOR DATE 6/3/2014		
Conditions of Approval (if any)		DAIL 4 JULY

Vacuum ABO Unit #116 N. Vacuum ABO Field Lea County, NM

Proposed

Elevation GL- 4018' DF- 4029' KB- 4030' Zero- 12 AGL



7-3-07