

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88249
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87414
 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. 30-025-23645
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 150
9. OGRID Number 298299
10. Pool name or Wildcat VACUUM; ABO, NORTH
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4022 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

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 **N** : **611** feet from the **S** line and **2080** feet from the **W** line
 Section **12** Township **17S** Range **34E** NMPM County **LEA**

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.

MIT TEST: 6/20/2014
 400 #; 60 MIN.
 CHART ATTACHED

PSA 8477
 TPA 8531
 (workover see NOI)
 LAD/OC
 6/29/2014

Spud Date: **01/10/1971**

Rig Release Date: **01/29/1971**

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

SIGNATURE Laura Stone TITLE ADMINISTRATIVE ASSISTANT DATE 06/23/2014

Type or print name LAURA STONE E-mail address: lstone@mspartner.com PHONE: 817-334-7842

APPROVED BY: Bill Sanamah TITLE Staff Manager DATE 6/26/2014

Conditions of Approval (if any):

JUL 01 2014

60 0

55

5

6/20/14
HUBBARD
HALLIBURTON
GEOLOGIST
DEPTH 8477 FT.

M+S Services
60mm / 1000 in
Calibrated 1/8-14
By D+L meters
from 1000

6/20/14
Hubbard
Cross Timbers
rep.

START
HCSA

30-35-33645
30-35-33645

30-35-33645
30-35-33645

2-12-150
30-35-33645
CROSS TIMBERS
ENERGY KIL

Graphic Controls

V&P GAGE

CHART NO. MC P1000-1HR

HOBBS
JUN 27 2014

RECEIVED

reason for test - workover

[Handwritten signature]

MADE IN U.S.A.

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15

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NVAU #150

Dickey, Sylvia, EMNRD

Sent: Monday, June 30, 2014 8:15 AM

To: lstone@mspartne3rs.com

Laura;

Please note before we can send an approved copy of your sundry dated 6/23/2014 regarding the workover on the above well, I need a packer setting depth and where the top perms are located.

Thank You,

Sylvia A. Dickey
Compliance Officer
575-370-3188
575-393-6161 112

