Submit I Copy To Appropriate District Office		ate of New Mexico			$\mathbf{F}_{\mathbf{c}}$	orm C-103
District I - (575) 393-6161	HOBRS BY, Mi	nerals and Natural I	Resources	WELL ADI		July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	AAM	(ABBILL BIOLES		WELL API 30-025-23	3696	
811 S. First St., Artesia, NM 88210 JUNCAL CONSERVATION DIVISION				5. Indicate Type of Lease		
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220	South St. Francis	Dr. ·	STA	TE FEE	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	RECEIVED	inta Fe, NM 87505	)		& Gas Lease No.	
87505				312479		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				7. Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				NORTH VACUUM ABO UNIT  8. Well Number 156		
Type of Well: Oil Well      Name of Operator	Gas Well 🔲 Ot	her		1	130	
CROSS TIMBERS ENER	GY, LLC		<del></del>	9. OGRID 1 298299		
3. Address of Operator 400 WEST 7th STREET,	FORT WORTH	TX 76102			me or Wildcat I;ABO, NORTH	.
4. Well Location					<u>`</u>	
Unit Letter	.: 1893 :feet fro		_ line and		et from theEAS	line [
Section 23		hip 17S Range	34E	NMPM	County LE	$\Xi A$
	11. Elevation (S	how whether DR, RK	B, RT, GR, etc.)		4025 GR	
12. Check	Appropriate Box	to Indicate Natur	e of Notice,	Report or O	Other Data	
NOTICE OF I	NTENTION TO	-	SUB	SEQUENT	REPORT OF:	
PERFORM REMEDIAL WORK			MEDIAL WOR		☐ ALTERING (	
TEMPORARILY ABANDON		-	MMENCE DRI		. P AND A	
PULL OR ALTER CASING		¶PL □ CA	SING/CEMENT	ГЈОВ	Ц	
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM						
OTHER:	_		HER:			
13. Describe proposed or com of starting any proposed v						
proposed completion or recompletion.  The Oil Conservation Division						
		M	UST BE NO	TIFIED 24	Hours	
Repair tbg/pkr leak: Prior to the bo			r to the begi	nning of op	erations :	
1. Pull well						
Repair tbg/packer as needed     Condition of Approval: notify						
,						
OCD Hobbs office 24 hours						
		prior	of running	MIT Test &	k Chart	
Spud Date: 11/14/1997		Rig Release Date:	12/01/199	7		
		_				
I hereby certify that the information	n above is true and o	complete to the best of	f my knowledge	e and belief		
	1 1	,	,			
SIGNATURE Robbie G	· Suid	_ <sub>TITLE</sub> Regulato	ry Compliar	nce	DATE 6/27/2	2014
Type or print name Robbie A C	Srigg D	E-mail address: rg	rigg@mspa	artners.cor	n <sub>PHONE:</sub> 817-3	334-7842
For State Use Only	rl.	, t	6	`		
APPROVED BY: Y Conditions of Approval (if ahy):	Splawn	TITLE JULE	. Supervi	sou	DATE	0/2014
1.7						