Submit 1 Copy Office	To Appropriate District	State of New Mexico Energy, Minerals and Natural Resources				Form C-103		
<u>District I</u> – (575 1625 N. French	5) 393-6161 Dr., Hobbs, NM 88240					Revised July 18, 2013 WELL API NO.		
	Ártesia, NM 88210	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.			30-025-29 5. Indicate		ase	
	os Rd., Aztec, NM 87410				STATE FEE			
	05) 476-3460 nois Dr., Santa Fe, NM		Santa Fe, NM 87505			6. State Oil & Gas Lease No. 312479		
87505			EPORTS ON WEI				me or Unit	Agreement Name
DIFFERENT R	ESERVOIR USE "APPL			EEPEN OR PLUG BACK TO A ORM C-101) FOR SUCH HOBBS OCD		NVAU		*
PROPOSALS.)  1. Type of V	Well: Oil Well	Gas Well	Other	HOB	B2 OCD	8. Well Nur	nber 2	81
2. Name of CROSS T	Operator IMBERS ENER	GY, LLC	,	´ AUG	1 2 2014	9. OGRID	Number 2	98299
3. Address of			RTH. TX 7610:	^		10. Pool nar		
4. Well Loc		800	N	<u> </u>	ECEIVED 550	ነ		E
1	t Letter	:te	et from the		$_{\perp}$ line and $_{}$	te	et from the	line
Sec	tion 23		ownship 17S on (Show whether	Range DR, RKE		NMPM	の観察的内でいる	inty LEA
4043 KB								
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								
DOWNHOLE COMMINGLE								
CLOSED-LOOP SYSTEM ☐ OTHER: CONVERT TO INJECTION ☑ 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.								
Install surface equipment for injection.								
LD rods & tubing, and send to inventory.								
Verify casing integrity. ADD PERFS IN ABO E								
Acidize existing perfs.								
Install down hole injection equipment.								
Perform MIT. Turn to injection.								
			_					
Spud Date:	05/15/1985		Rig Release	Date:	07/02/198	5		
			_					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.								
$\rho$								
SIGNATURE	Jama	Stone	TITLE_RE	GULA	TORY CO	MPLIANCE	_DATE_	8/12/14
Type or print For State Use	name <u>LAURA ST</u>			_				: 817-334-7842
APPROVED BY:  Conditions of Approval (11 any):  Conditions of Approval (11							08/20/14	
Conditions of Approval (17 any): CANNOT INTECT UNTIL WEX APPROVES								

AUG 2 1 2014

M