1.7	Submit 1 Copy To Appropriate District S		tate of New Mexico		Form C-103	
		Energy, I	y, Minerals and Natural Resources		Revised July 18, 2013 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		סוו ככ	NSERVATION	N DIVISION	30-025-29610	
District III – (505) 334-6178 122(20 South St. Fra		5. Indicate Type of Lease STATE FEE		
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460			Santa Fe, NM 8	7505	6. State Oil & Gas Lease No.	
1220 S. St. Frai 87505	ncis Dr., Santa Fe, NM		•	HOBBS OCD	312479	
(DO NOT LIST	SUNDRY NO	TICES AND REP	PORTS ON WELLS	S	7. Lease Name or Unit Agreement Name	
DIFFERENT R	THIS FORM FOR PRO	LICATION FOR PER	MIT" (FORM C-101) F	original \$ 5014	NVAU	
FROPOSALS.,	well: Oil Well		Other	,	8. Well Number 300	
2. Name of CROSS T	Operator IMBERS ENER	RGY LLC	•	RECEIVED	9. OGRID Number 298299	
3. Address	of Operator				10. Pool name or Wildcat	
400 WEST 7th STREET, FORT WORTH, TX 76					VACUUM;ABO,NORTH	
4. Well Location Unit Letter K 1980 1980 1980 1980 1980 1980 1980 1980						
	tion 10			ange 34E	NMPM County LEA	
		11. Elevation		R, RKB, RT, GR, etc.,	4072 KB	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
	NOTICE OF	INTENTION T	·O·	SUR	SEQUENT REPORT OF:	
PERFORM I	REMEDIAL WORK [_		REMEDIAL WOR	_	
TEMPORARILY ABANDON						
		MULTIPLE C	OMPL [CASING/CEMEN	I JOB 🗀	
				OTUED		
OTHER: CONVERT TO INJECTION 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.						
Acidize existing perfs.						
Install down hole injection equipment.						
Perform MIT. Turn to injection.						
0.15	05/44/4000		מ או מי	ate: 07/01/198	6	
Spud Date:	05/14/1986		Rig Release D	ate: 07/01/198	0	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE Laura Stone TITLE REGULATORY COMPLIANCE DATE 8/12/14						
Type or print For State Us	name LAURA S	<u>rone</u>	E-mail addres	E-mail address: rgrigg@mspartners.com PHONE: 817-334-7842		
			P	Petroleum Engineer 08/20/14		
APPROVED BY: Conditions of Approval (iPany): Petroleum Engineer DATE DATE						
	F 1 ()) •		HA NUT IN	TECT UNT	IN UNIT VINDE PAPITION OF	