Submit I Copy To Appropriate District Office HOBBSOCD State of New Mexico	Form C-103
Office District 1 – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 State of New Mexico State of New Mexico Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 MAR 2 0 26 IL CONSERVATION DIVISION	30-025-21828 ~
District III – (505) 334-6178 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
<u>District IV</u> – (505) 476-3460 RECEIVED Santa Fe, NM 87505	6. State Oil & 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name NORTH VAC. ABO UNIT
1. Type of Well: Oil Well Gas Well Other	8. Well Number 117
2. Name of Operator CROSS TIMBERS ENERGY, LLC	9. OGRID Number 298299
3. Address of Operator 400 WEST 7th STREET, FORT WORTH, TX 76102	10. Pool name or Wildcat NORTH VAC-ABO
4. Well Location P 660 S S 46	0 E
Unit Letter : Good feet from the line and Good Feet from the Section 23 Township 17-S Range 34-E	feet from theline NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	4030 GR
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	[X]
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.	
5 YR. MIT TEST 3/10/15	
(START PRESSURE 360, END PRESSURE 360)	
CHART ATTACHED	
	•
Spud Date: 7/30/1966 Rig Release Date: 9/27/1966	
Trigite lease Bate.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TOLE TITLE Regulatory Compliance DATE 3/18/2015	
Type or print name LAURA STONE E-mail address: rgrigg@mspartners.com PHONE: 817-334-7842	
For State Use Only	
APPROVED BY: Bill Somanah TITLE Staff Ward	ger DATE 3/31/2015
Conditions of Approval (if any):	

APP 0 2 2015

