

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

**HOBBS OCD** State of New Mexico  
 Energy, Minerals and Natural Resources  
**MAR 20 2015**  
**RECEIVED**  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

WELL API NO. <b>30-025-23723</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>312479</b>
7. Lease Name or Unit Agreement Name <b>NORTH VAC. ABO UNIT</b>
8. Well Number <b>201</b>
9. OGRID Number <b>298299</b>
10. Pool name or Wildcat <b>NORTH VAC-ABO</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>4060 DF</b>

**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 **J** : **1980** feet from the **S** line and **1980** feet from the **E** line  
 Section **10** Township **17-S** Range **34-E** NMPM County **LEA**

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/>	
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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 350, END PRESSURE 345)**  
**CHART ATTACHED**

Spud Date: **3/11/1971** Rig Release Date: **6/5/1971**

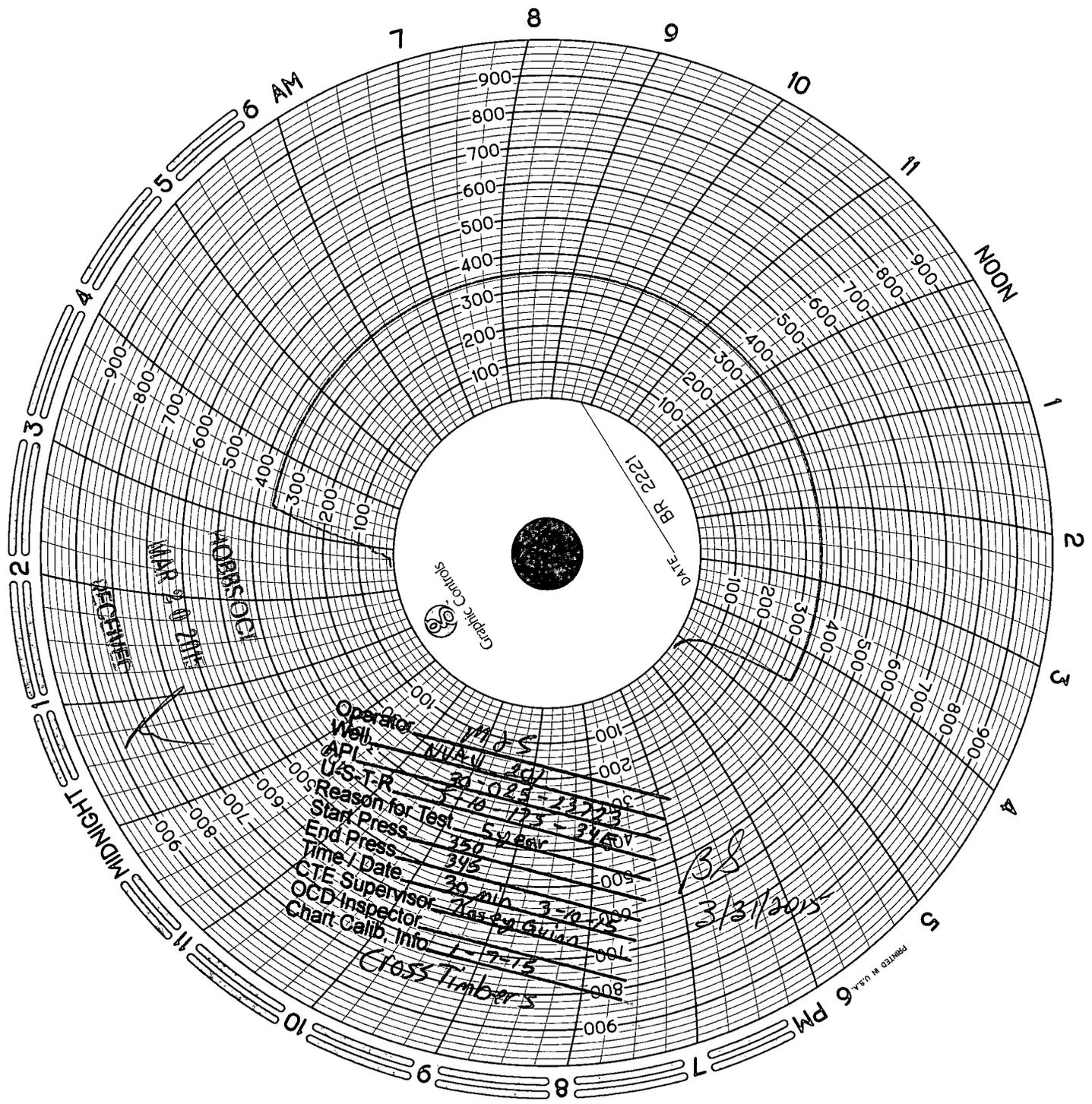
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Laura Stone* TITLE Regulatory Compliance DATE 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 Semanah* TITLE Staff Manager DATE 3/31/2015  
 Conditions of Approval (if any):

**APR 02 2015**



DATE BR 2221



Operator MJS  
 Well S-05  
 API MVA-201  
 U.S.T.R. 30-023-23273  
 Reason for Test 5-10-173-296V  
 Start Press 5 psi bar  
 End Press 350  
 Time / Date 3/3  
 CTE Supervisor 30 min 3-10-2005  
 OCD Inspector Gas by Gulan  
 Chart Calib. Info 1-7-13  
Cross Timbers

BS  
3/3/2005

WARRANTY  
 1 YEAR  
 30 DAYS

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