

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**  
**CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

WELL API NO. 30-025-23777 ✓	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. 312479	
7. Lease Name or Unit Agreement Name NORTH VAC. ABO UNIT	
8. Well Number	209 ✓
9. OGRID Number	298299
10. Pool name or Wildcat NORTH VAC-ABO	
4. Well Location Unit Letter <u>J</u> : <u>1980</u> feet from the <u>S</u> line and <u>1780</u> feet from the <u>E</u> line Section <u>22</u> Township <u>17-S</u> Range <u>34-E</u> NMPM County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4050.2 GR	

**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

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

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

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 3/4/15  
 (START PRESSURE 360, END PRESSURE 360)  
 CHART ATTACHED

Spud Date: 5/25/1971

Rig Release Date: 6/21/1971

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

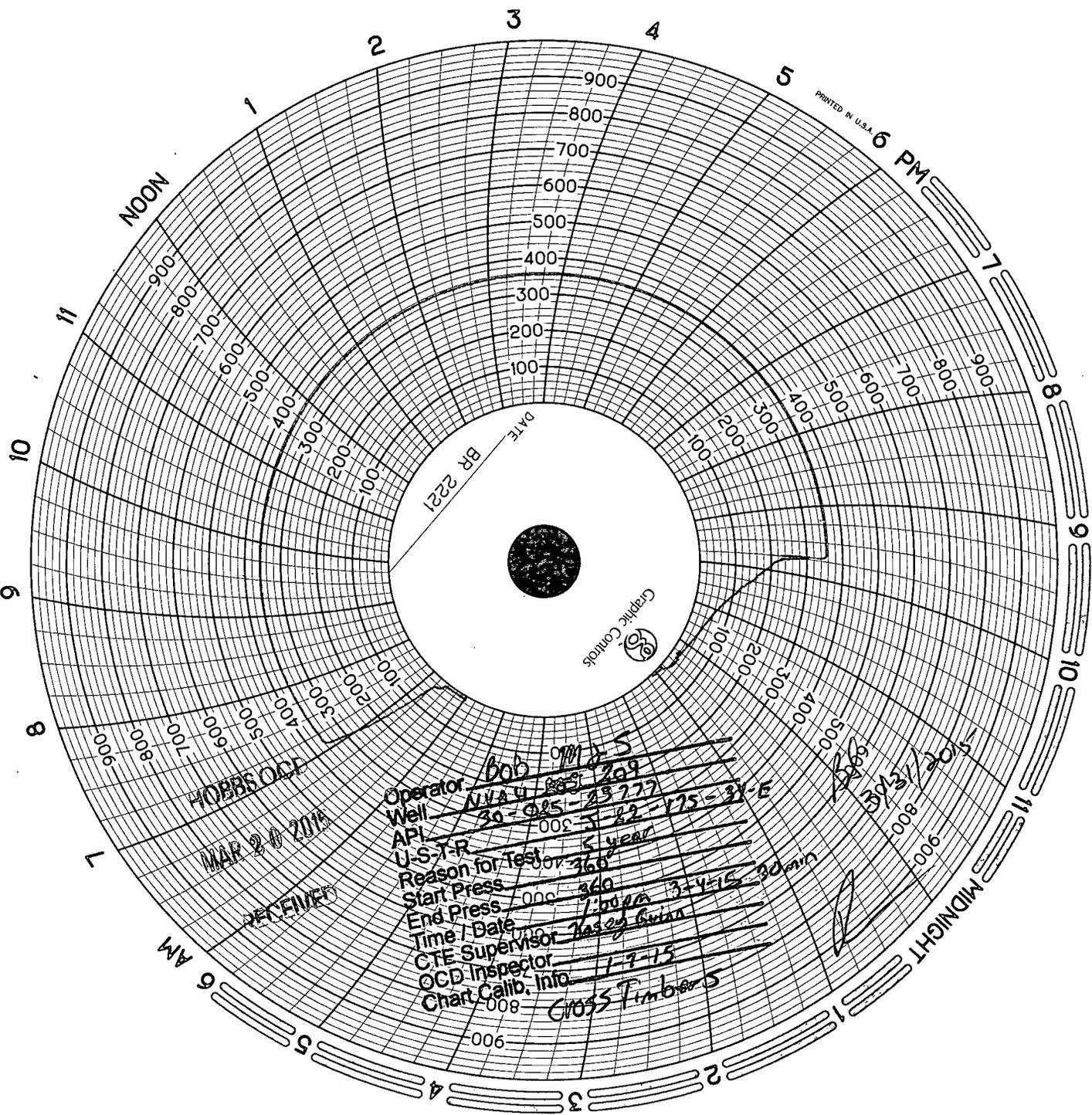
SIGNATURE Laura Stone TITLE Regulatory Compliance DATE 3/18/2015

Type or print name LAURA STONE E-mail address: rgrigg@mspartners.com PHONE: 817-334-7842  
**For State Use Only**

APPROVED BY: Bill Semanaka TITLE Staff Manager DATE 3/31/2015  
 Conditions of Approval (if any):

APR 02 2015

PRINTED IN U.S.A. 6 PM



DATE  
BR 2221

Graphic Controls

HOBBS OCA

MAR 20 2018

RECEIVED

AM

Operator Bob M S  
 Well ALVA 4 / 209  
 API 30-025-23777  
 U-S-T-R 003-122-175-31-E  
 Reason for Test 5 YEAR  
 Start Press 360  
 End Press 000  
 Time / Date 1:00pm 3-4-18  
 CTE Supervisor Naseg Gwin  
 OCD Inspector 1-7-15  
 Chart Calib. Info 008  
Cross Timbers

MIDNIGHT