

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

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

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-23794
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 206
9. OGRID Number 298299
10. Pool name or Wildcat NORTH VAC-ABO
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4022 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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> 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 D : 660 feet from the N line and 660 feet from the W line Section 19 Township 17-S Range 35-E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4022 GR	

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <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 3/10/15
(START PRESSURE 460, END PRESSURE 460)
CHART ATTACHED

Spud Date:

6/1/1971

Rig Release Date:

6/25/1971

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 Samamah

TITLE

Staff Manager

DATE

3/31/2015

Conditions of Approval (if any):

APR 02 2015

MIDNIGHT

AM

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NOON

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Operator Cross Timbers Energy LLC
Well NORTH VACUUM ABG UNIT #2016
APL # BO-025-23794
Unit ID Sec 19-T 175-R35E
5 Year Test
Start Pres 0400#
Final 7460#
10:45 AM 3-10-15
UR Logman
OGG Inspec
Chart Calib Info 2-20-15 10002



Graphic Controls

Master 51
3-915

60 MW

Clark

MIT

Power

DATE 3-10-15
BR 2221

HOBBSON

MAR 20 2015

RECEIVED

Time 41 min
1st

BLD
008

3/3/2015