

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

Form C-103  
Revised July 18, 2013

WELL API NO.  
30-025-23873

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

312478

7. Lease Name or Unit Agreement Name

NORTH VAC. ABO EAST UNIT

8. Well Number

6

9. OGRID Number

298299

10. Pool name or Wildcat

NORTH VAC-ABO POOL

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 D : 660 feet from the N line and 660 feet from the W line  
Section 18 Township 17-S Range 35-E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

4002 GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

DOWNHOLE COMMINGLE ☐

CLOSED-LOOP SYSTEM ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ P AND A ☐

CASING/CEMENT JOB ☐

OTHER: ☒

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 380, END PRESSURE 370)

CHART ATTACHED

Spud Date: 10/8/1971

Rig Release Date: 12/17/1971

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

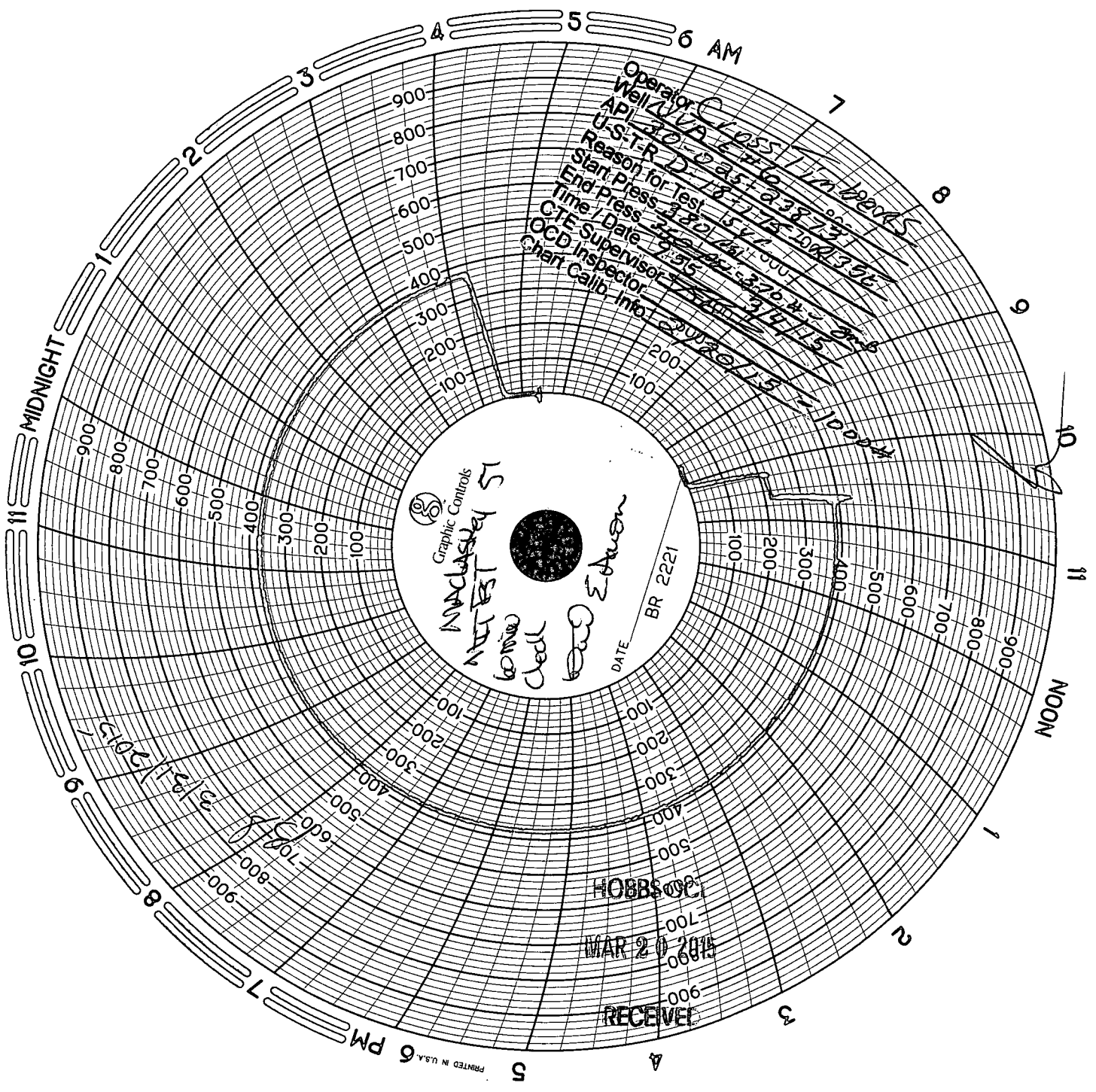
Type or print name LAURA STONE E-mail address: rgrigg@mspartners.com PHONE: 817-334-7842

For State Use Only

APPROVED BY: Bill Semanah TITLE Staff Manager DATE 3/31/2015

Conditions of Approval (if any):

APR 02 2015



Operator: *W. J. Cross*  
Well: *W. J. Cross*  
API: *101*  
U.S.T.R.: *101*  
Reason for Test: *101*  
Start Press: *101*  
End Press: *101*  
Time / Date: *101*  
CTE Date: *101*  
OCD Supervisor: *101*  
Chart Calib Info: *101*

Graphic Controls  
NUTTEST 51  
60110  
Cecil  
BR 2221  
DATE

HOBBSON  
MAR 20 2015  
RECEIVED