

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 District II - (575) 748-1283
 District III - (505) 334-6178
 District IV - (505) 476-3460

HOBBS 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. 30-025-24145
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 312478
7. Lease Name or Unit Agreement Name NORTH VAC. ABO EAST UNIT
8. Well Number 7
9. OGRID Number 298299
10. Pool name or Wildcat NORTH VAC-ABO POOL
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4007 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

4. Well Location
 Unit Letter **F**: **1980** feet from the **N** line and **1780** feet from the **W** line
 Section **18** Township **17-S** Range **35-E** NMMPM County **LEA**

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"/>	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 350, END PRESSURE 350)
CHART ATTACHED

Spud Date: **7/29/1972**

Rig Release Date: **9/2/1972**

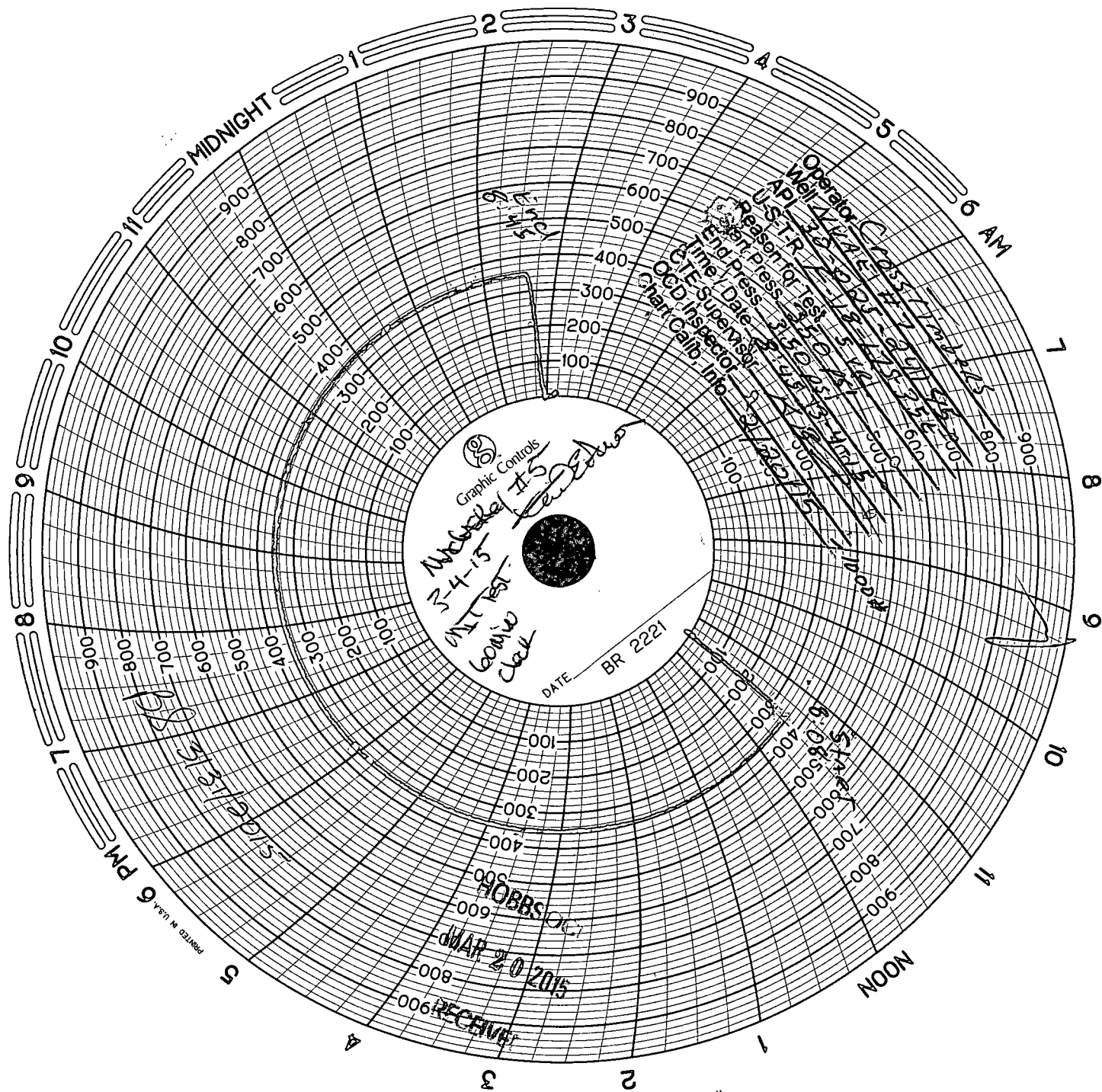
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

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

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

For State Use Only
 APPROVED BY: *Bill Jaramah* TITLE Staff Manager DATE 3/31/2015
 Conditions of Approval (if any):

APR 02 2015



MIDNIGHT

6 AM

NOON

6 PM

Operator: *[Handwritten]*
U.S. Mail *[Handwritten]*
Reason for Test *[Handwritten]*
End Press. *[Handwritten]*
Time / Date *[Handwritten]*
CCTE Supervisor *[Handwritten]*
Char. Calib. Insp. *[Handwritten]*

Graphic Controls
Mobile IS
3-4-15
MIL TEST
60MWD
Clak

DATE BR 2221

HOBBBS

MAR 20 2015

RECEIVED

[Handwritten signature]
5/2/15

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