

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.
30-025-22031

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
312479

7. Lease Name or Unit Agreement Name
NORTH VAC. ABO UNIT

8. Well Number 200

9. OGRID Number 298299

10. Pool name or Wildcat
NORTH VAC-ABO

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 L 1980 feet from the S line and 660 feet from the W line
Section 02 Township 17-S Range 34-E NMPM County LEA

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

4052 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 3/19/15
(START PRESSURE 370, END PRESSURE 305)
CHART ATTACHED

Failed (see paperwork 3/26/15
for retest)

Spud Date: 4/5/1967

Rig Release Date: 6/18/1967

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

SIGNATURE _____ TITLE Regulatory Compliance DATE 3/19/2015

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

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

FOR RECORD ONLY

APR 14 2015

MIDNIGHT

Operator MCS
Well No. MVA 200
API 30-025-22031
U-S-T-R 4-02-175-247
Reason for Test 5 year
Start Press 220
End Press 153
Time / Date 3-19-15 3:00 pm
C/E Supervisor Rosey Guin
OCD Inspector
Chart Calib/Info 1-7-15
Cross Timbers Energy