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

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

Form C-103
Revised July 18, 2013

WELL API NO.	
30-025-24393	

5. Indicate Type of Lease
STATE ■   FEE □

6. State Oil & Gas Lease No.
312473

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

7. Lease Name or Unit Agreement Name
STATE L

8. Well Number   004

9. OGRID Number
298299

10. Pool name or Wildcat
VACUUM; ABO, NORTH

4. Well Location
Unit Letter D : 660 feet from the N line and 660 feet from the W line
Section 21   Township 17S Range 35E NMPM   County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3960' 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: MIT ■

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.

REQUEST TO PERFORM MIT ON WEDNESDAY, MARCH 2nd.

Spud Date: 03/25/1973   Rig Release Date: 04/13/1973

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

SIGNATURE _Robbie A. Grigg_   TITLE   Regulatory Compliance   DATE   2/26/2016

Type or print name   Robbie A Grigg   E-mail address: rgrigg@mspartners.com   PHONE: 817-334-7842

For State Use Only

APPROVED BY: _Bill Sernamah_ TITLE _Staff Manager_ DATE 3/9/16

Conditions of Approval (if any):

MAR 09 2016