

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

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

WELL API NO. 30-025-23821	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	<input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 312479	<input checked="" type="checkbox"/>
7. Lease Name or Unit Agreement Name NORTH VACUUM ABO UNIT	<input checked="" type="checkbox"/>
8. Well Number 164	<input checked="" type="checkbox"/>
9. OGRID Number 298299	<input checked="" type="checkbox"/>
10. Pool name or Wildcat VACUUM; ABO, NORTH	<input checked="" type="checkbox"/>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4048.1 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  *SYB* MAR 04 2016

2. Name of Operator  
CROSS TIMBERS ENERGY, LLC  RECEIVED

3. Address of Operator  
400 WEST 7th STREET, FORT WORTH, TX 76102

4. Well Location  
 Unit Letter B : 660 feet from the N line and 1980 feet from the E line  
 Section 15 Township 17S Range 34-E NMPM 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.

3/1/2016  
 5 YR. MIT TEST  
 (START PRESSURE 375, END PRESSURE 375)  
 CHART ATTACHED  
 (PASSED)

Spud Date:

Rig Release Date:

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 3/1/16

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

APPROVED BY: Bill Semamat TITLE Staff Manager DATE 3/10/16  
 Conditions of Approval (if any):

MAR 10 2016 *dm*