

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.
30-025-23645

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

312479

7. Lease Name or Unit Agreement Name

NORTH VACUUM ABO UNIT ✓

8. Well Number 150W ✓

9. OGRID Number 298299 ✓

10. Pool name or Wildcat

VACUUM; ABO, NORTH

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 INJECTOR

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 Ø N : 2080 feet from the S W line and 611 feet from the W S line
Section 12 Township 17S Range 34E NMPM County LEA

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

4022' 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.

Repair tbq/pkr leak:

1. Pull well, scan tbq, redress seal ass'y.

2. RIH, circ. pkr fluid, sting, perform prelim. MIT, RDMO.

3. Perform MIT.

See attached schematic.

Condition of Approval: notify

OCD Hobbs office 24 hours

prior of running MIT Test & Chart

Spud Date: 01/10/1971

Rig Release Date: 02/03/1971

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

SIGNATURE Connie Blaylock TITLE Regulatory Compliance DATE 10/26/2016Type or print name Connie Blaylock E-mail address: cblaylock@mspartners.c PHONE: 817-334-7882

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APPROVED BY: Mary Brown TITLE Dist Supervisor DATE 10/31/2016

Conditions of Approval (if any):



