

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) 334-0111
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

HOBBS OCD

RECEIVED
MAR 07 2017

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

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.)		WELL API NO. 30-025-23288
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other JDS		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CROSS TIMBERS ENERGY, LLC		6. State Oil & Gas Lease No. 312479
3. Address of Operator 400 WEST 7th STREET, FORT WORTH, TX 76102		7. Lease Name or Unit Agreement Name NORTH VAC. ABO
4. Well Location Unit Letter H : 1980 feet from the N line and 660 feet from the E line Section 15 Township 17-S Range 34E NMPM County LEA		8. Well Number 130
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 298299
		10. Pool name or Wildcat NORTH VAC-ABO
		4045 GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: MITC <input checked="" type="checkbox"/>
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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.

3/7/2017
5 YR. MIT TEST
(START PRESSURE 360, END PRESSURE 355)
CHART ATTACHED
(PASSED)

Spud Date: **9/18/1969**

Rig Release Date: **12/8/1969**

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 3/7/2017

Type or print name LAURA STONE E-mail address: cblaylock@mspartners.c PHONE: 817-334-7882

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 3/7/17
Conditions of Approval (if any):

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office
BRADENHEAD TEST REPORT

HOBBS OCD

Operator Name Cross Timber Energy, LLC	API Number 3002523288
Property Name North Vacuum ABO Unit	Well No. 130

7. Surface Location

UL - Lot H	Section 15	Township 17S	Range 34E	Feet from 1980	N/S Line FNL	Feet From 660	E/W Line FEL	County Lea
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Well Status

Well Status <i>Active</i>	SHUT-IN	PRODUCING	DATE <i>3-1-17</i>	<i>Injector</i>
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OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA

If bradenhead flowed water, check all of the descriptions that apply:

	(A)Surf-Interm	(B)Interm(1)-Interm(2)	(C)Interm-Prod	(D)Prod Csng	(E)Tubing
Pressure	<i>0</i>	<i>NA</i>	<i>NA</i>	<i>0</i>	<i>4320</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks:

INJECTING AT THIS TIME WTR, ___ GAS, ___ CO2

HOBBS OCD

Signature: <i>Gene Hudson</i>	OIL CONSERVATION DIVISION
Printed name: <i>Gene Hudson</i>	Entered into RBDMS
Title: <i>Pumper</i>	Re-test
E-mail Address: <i>rHUDSON@ctfieldsucs.com</i>	<i>[Signature]</i>
Date: <i>3-1-17</i>	
Phone: <i>575-441-1634</i>	
Witness: <i>[Signature]</i>	