

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

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. 30-025-23697
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		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 P : 660 feet from the S line and 660 feet from the E line Section 12 Township 17-S Range 34E NMPM County LEA		8. Well Number 159
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 298299
		10. Pool name or Wildcat NORTH VAC-ABO
		4016 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: UIC <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.

3/6/2017
 5 YR. MIT TEST
 (START PRESSURE 440, END PRESSURE 440)
 CHART ATTACHED
 (PASSED)

Spud Date: **4/13/1971**

Rig Release Date: **5/10/1971**

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

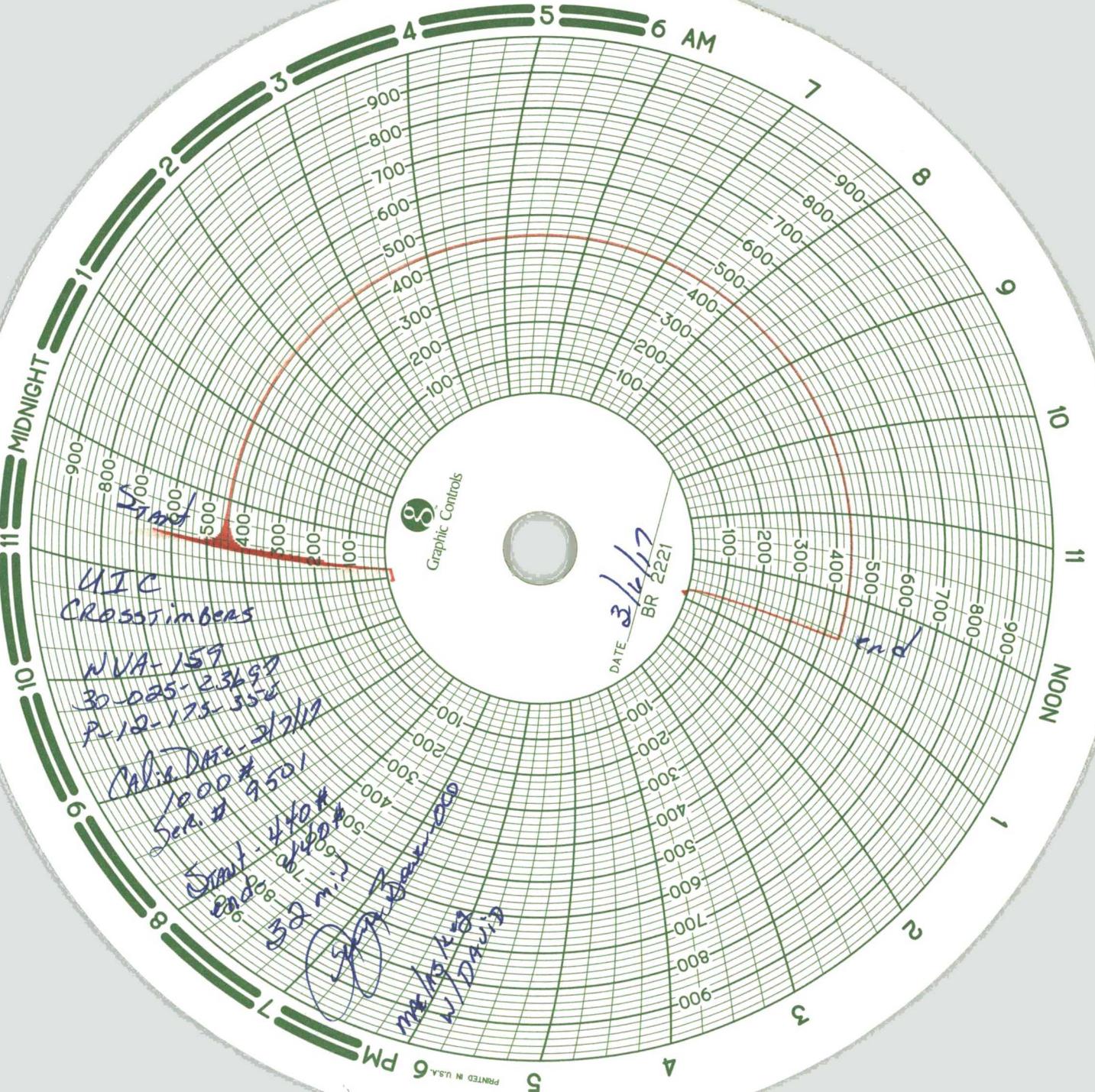
SIGNATURE Laura Stone TITLE Regulatory Compliance DATE 3/6/2017

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

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



Graphic Controls



UIC
CROSSIMBERS

NVA-159
30-025-23690
P-12-175-350

Calib. Date - 3/2/19
1000#
Ser. # 9501

Start - 440#
End - 440#
32 m.p.h.

MAKES
W/DAVID

DATE 3/2/17
BR 2221

Start

end

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

Operator Name Cross Timber Energy, LLC	³ API Number 30-025-23697
Property Name North Vacuum ABO Unit	Well No. 159

7. Surface Location

UL / Lot P	Section 12	Township 17S	Range 34E	Feet from 660	N/S Line FSL	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>2-21-17</i>	<i>Injection</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	0	NA	NA	0	4200
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	
Steady Flow	Y / N	Y / N	Y / N	Y / N	
Surges	Y / N	Y / N	Y / N	Y / N	
Down to nothing	Y / N	Y / N	Y / N	Y / N	
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / N	

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

MAR 07 2017

RECEIVED

Signature: <i>Gene Hudson</i>	OIL CONSERVATION DIVISION
Printed name: Gene Hudson	Entered into RBDMS
Title: Pumper	Re-test
E-mail Address: rhudson@ctfieldsrvcs.com	<i>[Signature]</i>
Date: 2-21-17	Phone: 575-441-1634
Witness:	