

Submit 1 Copy To Appropriate District Office
HOBBS OCD
 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. 30-025-24605
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 312479
7. Lease Name or Unit Agreement Name NORTH VAC. ABO
8. Well Number 218
9. OGRID Number 298299
10. Pool name or Wildcat NORTH VAC-ABO
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4010 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 **IWS**

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 **F**: **1880** feet from the **N** line and **1975** feet from the **W** line
 Section **25** Township **17-S** Range **34E** 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: UIC <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.

3/6/2017
5 YR. MIT TEST **350** **340**
 (START PRESSURE **450**, END PRESSURE **440**)
 CHART ATTACHED
 (PASSED)

Spud Date: **12/19/1973**

Rig Release Date: **1/24/1974**

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@mspartners.c PHONE: 817-334-7882

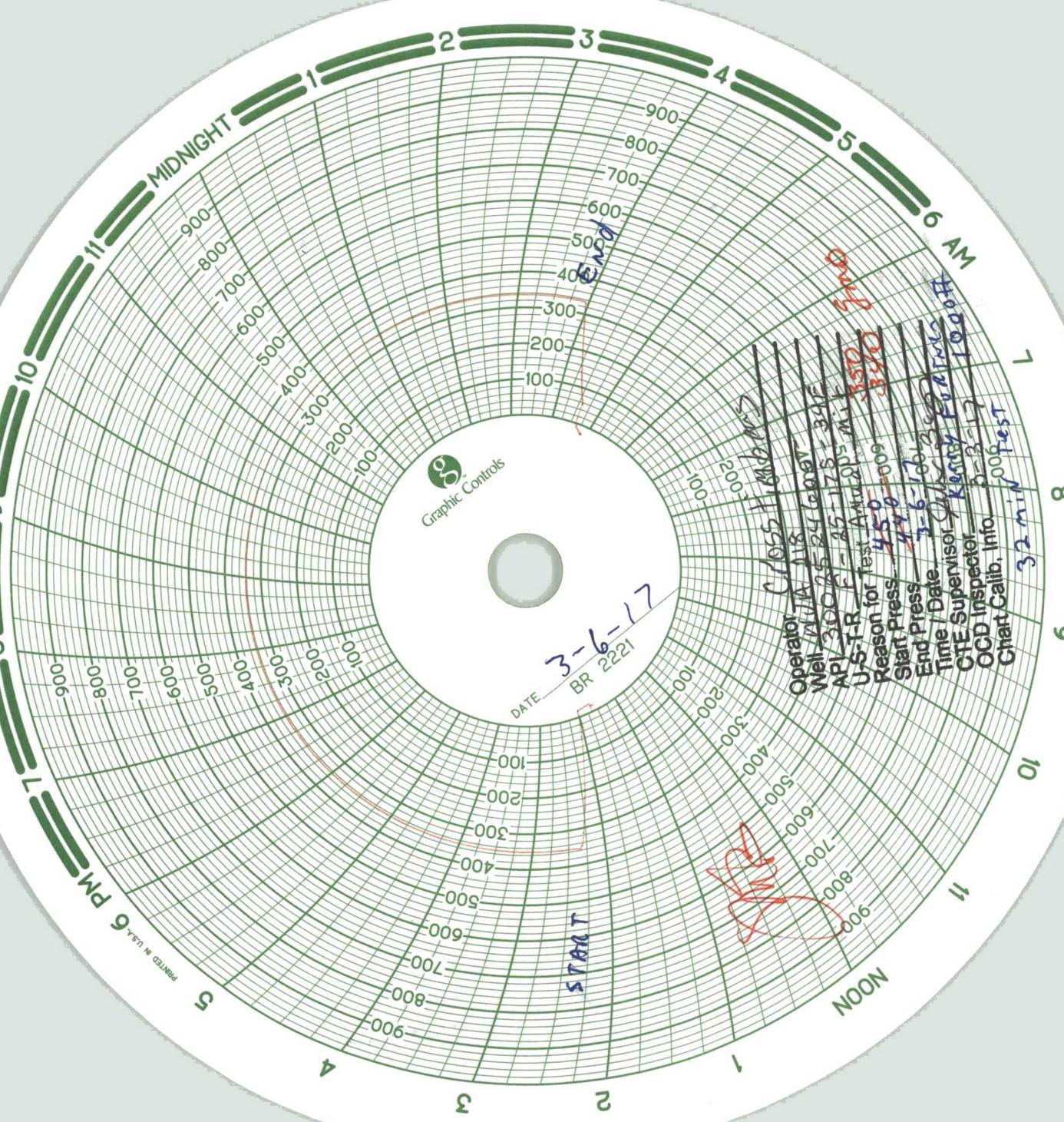
For State Use Only

APPROVED BY: *[Signature]* TITLE Compliance Officer DATE 3/7/16
 Conditions of Approval (if any):



Graphic Controls

DATE 3-6-17
BR 2221



Cross Hatched

Operator J.A. Nix
 Well WTA 118
 Well SID 25-24-009
 API 300 25-24-175-34E
 U-S-T-R 25-24-175-34E
 Reason for Test Annul
 Start Press 450 009
 End Press 240 009
 Time / Date 3-6-17 1:00 PM
 CTE Supervisor Kenny Furman
 OCD Inspector 3-3-17
 Chart Calib. Info 009 Test
32 min

PRINTED IN U.S.A.

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 30-025-24605
Property Name North Vacuum ABO Unit	Well No. 218

7. Surface Location

U/L - Lot F	Section 25	Township 17S	Range 34E	Feet from 1880	N/S Line FNL	Feet From 1975	E/W Line FWL	County Lea
----------------	---------------	-----------------	--------------	-------------------	-----------------	-------------------	-----------------	---------------

Well Status

Well Status <i>Active</i>	SHUT-IN <i>NO</i>	PRODUCING	DATE <i>3-2-17</i>	<i>Injector</i>
------------------------------	----------------------	-----------	-----------------------	-----------------

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>0</i>	<i>N/A</i>	<i>Puff/0</i>	<i>4100</i>
Flow Characteristics					
Puff	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	<input checked="" type="radio"/> Y / N	
Steady Flow	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	Y / <input checked="" type="radio"/> N	
Surges	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	Y / <input checked="" type="radio"/> N	
Down to nothing	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	Y / N	<input checked="" type="radio"/> Y / <input checked="" type="radio"/> N	
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	Y / <input checked="" type="radio"/> N	
Water	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / N	Y / <input checked="" type="radio"/> N	

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

CLEAR	FRESH	SALTY	SULFUR	BLACK
-------	-------	-------	--------	-------

Remarks:

INJECTING AT THIS TIME ___ WTR, ___ GAS, ___ CO2

HOBBS OCD
MAR 07 2017
RECEIVED

Signature: <i>John Baeza</i>	OIL CONSERVATION DIVISION
Printed name: <i>Jake Baeza</i>	Entered into RBDMS
Title: <i>Lease Operator</i>	Re-test
E-mail Address: <i>Jbaeza @ ctfield svcs.com</i>	<i>[Signature]</i>
Date: <i>3-2-17</i>	
Phone: <i>575-513-8134</i>	
Witness:	