

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 <u>3D-025-23568</u>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>INJECTION</u>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <u>CROSS TIMBERS ENERGY, LLC</u>		6. State Oil & Gas Lease No. <u>312479</u>
3. Address of Operator <u>400 W 7TH ST, FORT WORTH, TX 76102</u>		7. Lease Name or Unit Agreement Name <u>N VACUUM ABO UNIT</u>
4. Well Location Unit Letter <u>P</u> : <u>660</u> feet from the <u>S</u> line and <u>860</u> feet from the <u>E</u> line Section <u>27</u> Township <u>17-S</u> Range <u>34-E</u> NMPM County <u>LEA</u>		8. Well Number <u>145</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>4035 GR</u>		9. OGRID Number <u>298299</u>
		10. Pool name or Wildcat <u>VAC; ABO, NORTH</u>

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

<b>NOTICE OF INTENTION TO:</b> 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"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input checked="" 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: <input 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.

REMEDIAL WORK PERFORMED; PASSING MIT ATTACHED

5/4/2017

Spud Date: 9/22/1970 Rig Release Date: 10/22/1970

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

SIGNATURE Connie Blaylock TITLE REGULATORY TECH DATE 5/9/2017

Type or print name CONNIE BLAYLOCK E-mail address: cblaylock@mspartners.com PHONE: 817-334-7882

**For State Use Only**  
 APPROVED BY: Mary Brown TITLE AO/II DATE 5/11/2017  
 Conditions of Approval (if any):

RBDMS - CHART - ✓

MB

