

Submit 1 Copy To Appropriate District Office

State of New Mexico

Form C-103

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

Energy, Minerals and Natural Resources

Revised July 18, 2013

HOBBES OGD
JUN 29 2017
RECEIVED

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-23918
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 312478
7. Lease Name or Unit Agreement Name NORTH VAC. ABO EAST UNIT
8. Well Number 11
9. OGRID Number 298299
10. Pool name or Wildcat NORTH VAC-ABO POOL
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3995 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

2. Name of Operator
CROSS TIMBERS ENERGY, LLC

3. Address of Operator
400 W 7TH ST, FORT WORTH, TX 76102

4. Well Location
Unit Letter **N** : **660** feet from the **S** line and **1902** feet from the **W** line
Section **18** Township **17-S** Range **35-E** 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 checked="" 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: <input 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.

Release SA, POOH w/ Tbg Laying Down
RIH w/ New Tbg String and Redressed SA
Latch onto pkr, test TCA
Circulate pkr fluid
Perform MIT, RWTI

RETURN WELL TO INJECTION

Spud Date: **10/27/1971**

Rig Release Date: **11/24/1971**

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

SIGNATURE *Connie Blaylock* TITLE REGULATORY TECH DATE 06/19/2017

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

For State Use Only

APPROVED BY: *Mary J Brown* TITLE AO/II DATE 6/29/2017
Conditions of Approval (if any)

RBDMS - CHART - ✓

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POOH & LD tbg
RIH w/ replacement tbg & redressed SA
Circulate pkr fluid
MIT
WELLBORE DIAGRAM ATTACHED

Spud Date: 10/27/1971

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SIGNATURE Connie Blaylock TITLE REGULATORY TECH DATE 06/07/2017

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

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APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

