

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

Form C-103  
 Revised July 18, 2013

**HOBBS OCD**  
 JUN 29 2017  
**RECEIVED**

WELL API NO. 30-025-23646
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 UNIT /
8. Well Number 146 /
9. OGRID Number 298299 /
10. Pool name or Wildcat NORTH VAC-ABO POOL

**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 **INJECTION**

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 **B** : **534** feet from the **N** line and **2134** feet from the **E** line  
 Section **14** Township **17-S** Range **34-E** NMPM County **LEA**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**4045' GL**

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: <b>TA</b> <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.

Release SA, POOH w/ Tbg  
 RIH w/ CIBP, Set @ 8450' Capped w/ 35' Cmt  
 RIH w/ Tbg, Circ Pkr Fluid  
 Perform MIT - attached  
 TA Well 06/05/17

*This Approval of Temporary Abandonment Expires 6/5/2020* <sup>pm</sup>

Spud Date: 11/21/1970 Rig Release Date: 12/20/1970

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 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: *Maley Brown* TITLE AO/II DATE 6/29/2017

Conditions of Approval (if any)

*RBDMS-CHART - ✓*

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RECEIVED

HOBBS OGD

JUN 9 9 2017

Operator: G. Ross  
 Well: ALTA 114  
 API: 30045-23056  
 U-S-T-R: 175-348  
 Reason for Test: M.F.P.S.  
 Start Press: 576  
 End Press: 576  
 Time/Date: 5:00 PM 6-5-17  
 CTE Supervisor: J. P. [unclear]  
 OGD Inspector: A. [unclear]  
 Chart Callb. Info: 5-1-17

Graphic Controls  
 6011 Address  
 175 W. [unclear]  
 ST 1  
 6-5-2017  
 BR 2221  
 DATE

NOON

6 PM

MIDNIGHT

6 AM

