

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 87401
 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
SEP 22 2017
RECEIVED

WELL API NO. 30-025-24006
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 VACUUM ABO UNIT
8. Well Number 172
9. OGRID Number 298299
10. Pool name or Wildcat VACUUM: ABO NORTH
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4057 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 INJ

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 P : 660 feet from the S line and 660 feet from the E line
 Section 3 Township 17S Range 34 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.

MIT attached

1. POOH WITH TBG AND SA .
2. REPLACE 2 JTS TBG
3. REDRESS SA, RIH, LATCH ONTO PKR, RUN MIT WITNESSED BY NMOCD. RWTI.

Spud Date: 03/20/1972

Rig Release Date: 09/15/2017

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 09/19/2017

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

For State Use Only

APPROVED BY: Mary Brown TITLE AO/II DATE 9/27/2017
 Conditions of Approval (if any):

RBDms - CHART - ✓

PRINTED IN U.S.A.

6 PM

MIDNIGHT

6 AM



DATE 9/18/17
BR 2221

Operator: Cross
 Well: 2221
 API: 2221
 US: TIR
 Reason: ~~Loss of Circulation~~
 Start: 10:00 AM
 End: 11:00 AM
 Time / Date: 10:00 AM 9/18/17
 CTE Super: [Signature]
 OGD Inspect: [Signature]
 Chart Calib: Info

Stand
 Lost Work over
 Cross in case
 30 days - 2 years
 7-317-342
 Calib. Date 5/1/17
 1000 #
 Ser. # 9501
 Stand - 300 #
 EDC - 300 #
 32 #

mech prep
 10:00 AM
 [Signature]

NOON

11

10

9

8

2

3

4

5

900

800

700

600

500

400

300

200

100

000

100

200

300

400

500

600

700

800

900

9

10

11

1

2

3

4

5

[Signature]

2000

3000

4000

5000

6000

7000

8000

9000