

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

HOBBS OGD

FEB 15 2018

RECEIVED

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. 30-025-23696
1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐		5. Indicate Type of Lease STATE ☒ FEE ☐
2. Name of Operator CROSS TIMBERS ENERGY, LLC		6. State Oil & Gas Lease No. 312479
3. Address of Operator 400 W 7TH ST, FORT WORTH, TX 76102		7. Lease Name or Unit Agreement Name NORTH VACUUM ABO UNIT
4. Well Location Unit Letter J ; 1893 feet from the SOUTH line and 1800 feet from the EAST line Section 23 Township 17S Range 34E NMPM County LEA		8. Well Number 156
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4025 GR		9. OGRID Number 298299
		10. Pool name or Wildcat VACUUM; ABO, NORTH

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

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: ☐

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.

1. MIRU, POOH and scan tbg. LD Entire String and replace with used inspected 2-7/8" tbg.
2. MU AS1X Pkr and RIH hydro testing tbg
3. Set Pkr @ 8253' and test csg
4. Release OOT and Circulate Pkr Fluid
5. Run MIT witnessed by NMOCD
6. RWTI

Spud Date:

11/14/1997

Rig Release Date:

12/15/2017

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 02/15/2018

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

For State Use Only

APPROVED BY: Mark Brown TITLE AO/II DATE 2/15/2018

Conditions of Approval (if any):

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <i>Cross Timbers</i>		*API Number <i>30-025-23696</i>
Property Name <i>N/A</i>		Well No. <i>156</i>

2. Surface Location

UL - Lot <i>J</i>	Section <i>23</i>	Township <i>12S</i>	Range <i>34E</i>	Feet from <i>1893</i>	N/S Line <i>S</i>	Feet from <i>1800</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES ☒ NO ☒	SHUT-IN YES ☒ NO ☐	INJECTOR INJ ☒ SWD ☐	PRODUCER OIL ☒ GAS ☐	DATE <i>12/15/17</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	ϕ	$-$	$-$	ϕ	ϕ
Flow Characteristics					
Puff	Y/N ☒	Y/N ☐	Y/N ☐	Y/N ☒	CO2 ☐
Steady Flow	Y/N ☒	Y/N ☐	Y/N ☐	Y/N ☒	WTR ☐
Surges	Y/N ☒	Y/N ☐	Y/N ☐	Y/N ☒	GAS ☐
Down to nothing	Y/N ☒	Y/N ☐	Y/N ☐	Y/N ☒	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y/N ☒	Y/N ☐	Y/N ☐	Y/N ☒	
Water	Y/N ☒	Y/N ☐	Y/N ☐	Y/N ☒	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Post Workover - BAT

HOBBS OCD

FEB 15 2018

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Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date: <i>12/15/17</i>	Phone:	
Witness: <i>[Signature]</i>		

INSTRUCTIONS ON BACK OF THIS FORM



