

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

**HOBE**  
**FEB 26 2018**  
**RECEIVED**

State of New Mexico  
 Energy, Minerals and Natural Resources  
**OIL CONSERVATION DIVISION**  
 220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-025-23696
2. Name of Operator CROSS TIMBERS ENERGY, LLC		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 400 W 7TH ST, FORT WORTH, TX 76102		6. State Oil & Gas Lease No. 312479
4. Well Location Unit Letter <u>J</u> : <u>1893</u> feet from the <u>SOUTH</u> line and <u>1800</u> feet from the <u>EAST</u> line Section <u>23</u> Township <u>17S</u> Range <u>34E</u> NMPM County <u>LEA</u>		7. Lease Name or Unit Agreement Name NORTH VACUUM ABO UNIT
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4025 GR		8. Well Number 156
		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

<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 checked="" type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input 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.

02/26/2018

Release pkr set @ 8253'  
 PU 1 Jt and set pkr @ 8222'  
 Test TCA, circ pkr fluid, and run MIT witnessed by NMOCD

\*This procedure and setting depth has been tentatively approved by Phillip Goetze (Engineering Bureau OCD) with pending approval from the district office\*

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 02/26/2018

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 2/26/2018  
 Conditions of Approval (if any):