

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

WELL API NO. 30-025-23674
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name NORTH VACUUM ABO UNIT
8. Well Number 217
9. OGRID Number 298299
10. Pool name or Wildcat VACUUM; ABO, NORTH
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 F : 2080 feet from the NORTH line and 2080 feet from the WEST line
 Section 11 Township 17S Range 34E 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 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: <u>UI C</u> <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.

02/26/2018
 5 YR MIT TEST
 START PRESSURE 370, END PRESSURE 365
 PASSED - CHART ATTACHED

Spud Date: 1/14/1971

Rig Release Date: 2/16/1971

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 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: Scott Zover TITLE Compliance Officer DATE 3/19/18
 Conditions of Approval (if any):



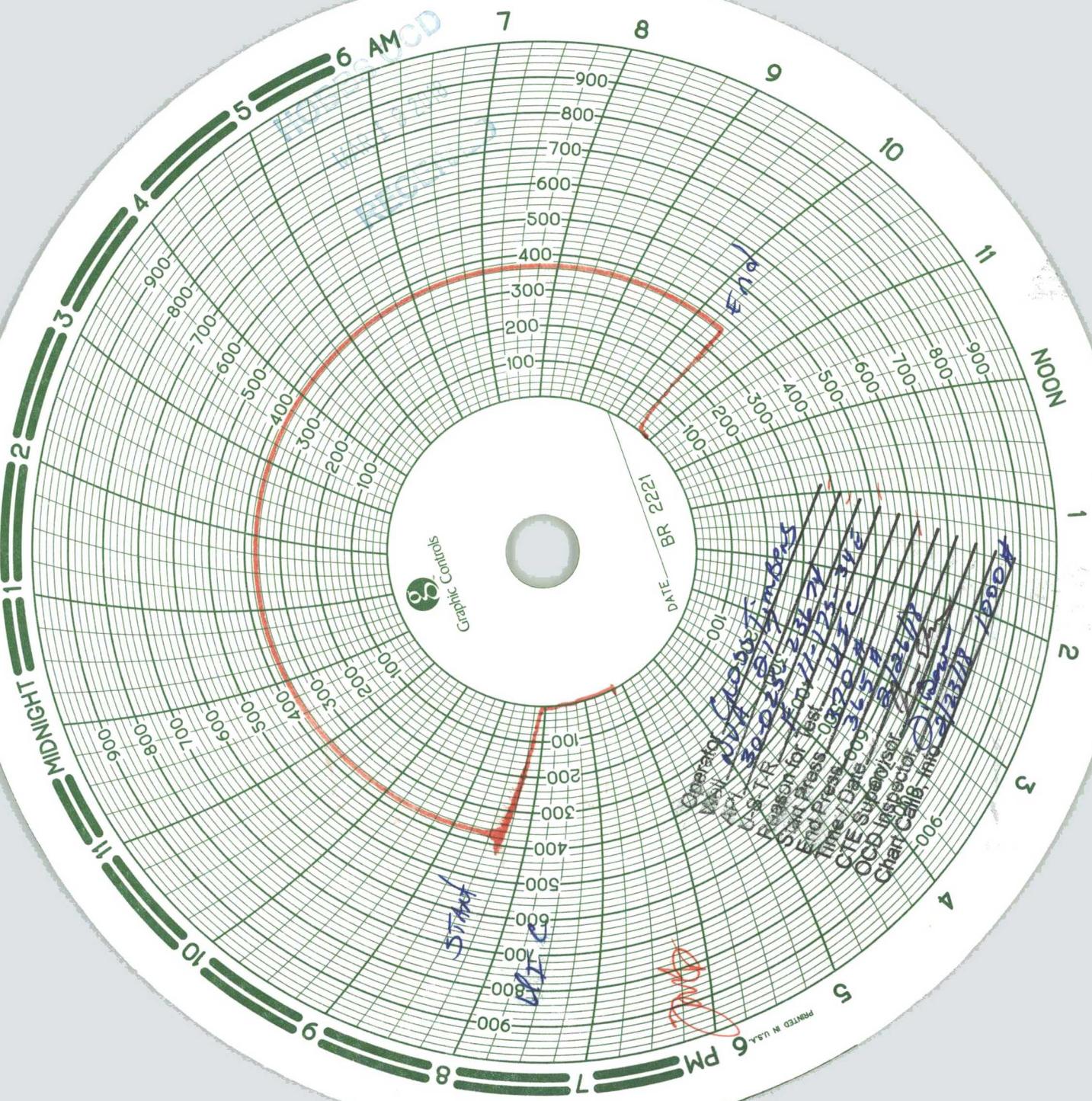
Graphic Controls

DATE BR 2221

Operator: W. J. [unclear]
 Title: W. J. [unclear]
 Use TR: 300280/210
 Reason for Test: Start Press
 Start Press: 08/20/22
 End Press: 08/20/22
 Time / Date: 08/20/22
 CTE Supervisor: [unclear]
 OGD Inspector: [unclear]
 Chart Call: [unclear]

5744
WTC

210



PRINTED IN U.S.A.

District I
 1625 N French Dr., Hobbs, NM 88240
 Phone (575) 393-6161 Fax (575) 393-0720

HOBBS OCD

MAR 19 2018

RECEIVED

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

Operator Name Cross Timber Energy, LLC	API Number 30-025-23674
Property Name North Vacuum ABO Unit	Well No. 217

Surface Location

UL - Lot F	Section 11	Township 17S	Range 34E	Feet from 2080	N/S Line FNL	Feet From 2080	E/W Line FWL	County Lea
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Well Status

Well Status	SHUT-IN	PRODUCING	DATE 2-26-18	Inj
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OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA

If bradenhead flowed water, check all of the descriptions that apply:

	(A)Surf-Interm	(B)Interm(1)-Interm(2)	(C)Interm-Prod	(D)Prod Csng	(E)Tubing
Pressure	0	0	-	0	4275
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	
Steady Flow	Y/N	Y/N	Y/N	Y/N	
Surges	Y/N	Y/N	Y/N	Y/N	
Down to nothing	Y/N	Y/N	Y/N	Y/N	
Gas or Oil	Y/N	Y/N	Y/N	Y/N	
Water	Y/N	Y/N	Y/N	Y/N	

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks: INJECTING AT THIS TIME WTR, ___ GAS, ___ CO2

Signature 	OIL CONSERVATION DIVISION
Printed name: James Pembree	Entered into RBDMS
Title: Lease Operator	Re-test
E-mail Address: Pembree@ctfield.sucs.com	
Date: 2-26-18	
Phone: (575) 704-2241	
Witness:	