

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. 30-025-23980
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 170
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> 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 D : 660 feet from the NORTH line and 740 feet from the WEST line Section 14 Township 17S Range 34E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4057 GR	

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: <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 350, END PRESSURE 350  
PASSED - CHART ATTACHED

Spud Date:

02/03/1972

Rig Release Date:

03/02/1972

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 02/27/2018

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

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 3/19/18

Conditions of Approval (if any):



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK



BR 2221

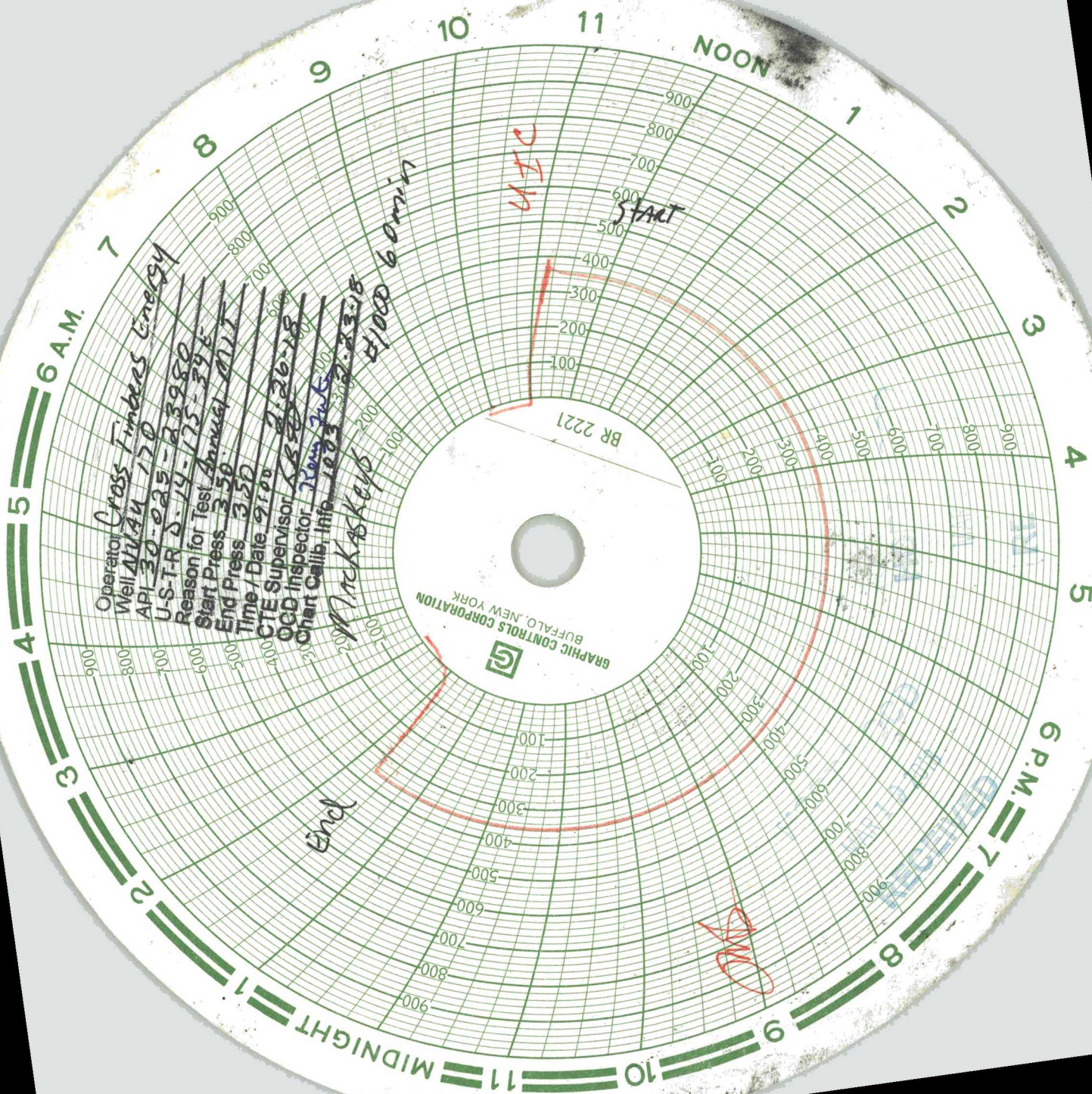
Operator Cross Timbers Energy  
Well 4144 170  
API 30-023-23980  
U-S-TR Q-14-175-398  
Reason for Test Annual  
Start Press 3:50  
End Press 3:50  
Time / Date 9:10  
CTE Supervisor CS  
OCD Inspector CS  
Chart Calib. Info 1003  
200 Nick Keys 41000 60min

End

4100

START

4100





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

BRADENHEAD TEST REPORT

Operator Name <b>Cross Timbers Energy LLC</b>	API Number <b>30-025-23980</b>
Property Name <b>North Vacuum ABO Unit</b>	Well No. <b>#170</b>

7. Surface Location									
UL - Lot <b>D</b>	Section <b>14</b>	Township <b>17S</b>	Range <b>34E</b>		Feet from <b>660</b>	N/S Line <b>FWL</b>	Feet From <b>740</b>	E/W Line <b>FWL</b>	County <b>LEA</b>

Well Status				
TA'D Well <b>YES</b> <b>NO</b>	SHUT-IN <b>YES</b> <b>NO</b>	INJECTOR <b>(INJ)</b> <b>SWD</b>	PRODUCER <b>OIL</b> <b>GAS</b>	DATE <b>2-26-18</b>

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>n/a</b>	<b>n/a</b>	<b>0</b>	<b>4300 psi</b>
Flow Characteristics					
Puff	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	CO2 _____
Steady Flow	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	WTR <b>✓</b>
Surges	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	GAS _____
Down to nothing	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	If applicable type
Gas or Oil	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	fluid injected for
Water	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Waterflood

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

CLEAR	FRESH	SALTY	SULFUR	BLACK
-------	-------	-------	--------	-------

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

Signature: <b>Kevin Bennett</b>	OIL CONSERVATION DIVISION
Printed name: <b>Kevin Bennett</b>	Entered into RBDMS
Title: <b>Lease Operator</b>	Re-test
E-mail Address: <b>KBennett@CTFieldSVCS.com</b>	
Date: <b>2-26-18</b>	
Phone: <b>575-513-8156</b>	
Witness: <b>Kerry Felt - OCD</b>	

399-3221