

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

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. 30-025-23644
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 148
9. OGRID Number 298299
10. Pool name or Wildcat VACUUM; ABO, NORTH
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4045 GL

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  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 N : 860 feet from the S line and 1980 feet from the W line  
 Section 11 Township 17-S 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 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.

Repair tubing leak/pkr seal  
 Perform MIT  
 Return well to injection 03/20/2018

MIT Chart attached  
 Start Pressure 330 psi, End Pressure 330 psi

Spud Date:  Rig Release Date:

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 03/21/2018

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

**For State Use Only**

APPROVED BY: *Gregory Brown* TITLE Compliance Officer DATE 3/27/18

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 <b>Cross Timbers</b>	API Number <b>30-025-23644</b>
Property Name <b>NVA</b>	Well No. <b>148</b>

7. Surface Location									
UL - Lot <b>N</b>	Section <b>11</b>	Township <b>17S</b>	Range <b>34E</b>	Feet from <b>860</b>	N/S Line <b>S</b>	Feet From <b>1980</b>	E/W Line <b>W</b>	County <b>LCA</b>	

Well Status									
TA'D WELL YES	<input checked="" type="radio"/> NO	<input checked="" type="radio"/> YES	SHUT-IN NO	<input checked="" type="radio"/> INJECTOR	SWD	OIL	PRODUCER	GAS	DATE <b>3/19/18</b>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	$\phi$	—	—	$\phi$	$\phi$
Flow Characteristics					
Pull	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	$\phi$ N	Y/N	Y/N	$\phi$ N	Type of Fluid
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood if
					applies

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

**POST WORK OPEN TEST**

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <b>3/19/18</b>	Phone:
Witness: <b>[Signature]</b>	