

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
HOBBS OCD
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
APR 24 2018

Form C-103
Revised July 18, 2013

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> INJECTION		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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 <u>J</u> : 1893 feet from the <u>S</u> line and <u>1800</u> feet from the <u>E</u> line Section <u>23</u> Township <u>17S</u> Range <u>34E</u> NMPM County <u>LEA</u>		8. Well Number 156 H
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:		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>RESET PACKER</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.

04/18/2018
MIT FOLLOWING RE-SETTING OF PACKER
START PRESSURE 400 PSI, END PRESSURE 400 PSI
CHART ATTACHED - PASSED

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 04/23/2018

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

For State Use Only

APPROVED BY: Maley Brown TITLE AO/II DATE 4/24/2018
Conditions of Approval (if any):

RBDMS-CHART-✓

MB

HOBBS OCD

APR 24 2018

RECEIVED 3

NOON

11

10

9

8

7

6 A.M.

5

4

3

2

1

MIDNIGHT

1

4

5

6 P.M.

7

8

9

10

11

4/18/2018

Larry Zeller #06

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
mac12510

Operator Croschimbors Energy LLC
Well NAPA 1510
API 30-025-230910
U-S-T-R 5-523-T125-R34E
Reason for Test Post workover
Start Press 400
End Press 400
Time / Date 4-18-18
CTE Supervisor Ch. Sals
OCD Inspector No Vert News
Chart Calib. Info S/N 1003 2-23-18