

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88242
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

HOBBS OCD
AUG 10 2018
RECEIVED

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

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. 30-025-23720
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJ <input type="checkbox"/>		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 H : 2180 feet from the N line and 610 feet from the E line Section 11 Township 17S Range 34E NMPM County LEA		8. Well Number 216
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4039 GL		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 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.

07/31/2018 - MIRU
 08/01/2018 - POOH w/ tubing and seal assembly
 08/02/2018 - RIH w/ bit & scraper to 8500'
 08/03/2018 - RIH w/ 2-3/8" IPC tubing & Arrowset 1X packer. Set packer @ 8495'. Tested backside to 350 psi. Tested ok. Unlatched on/off tool, circulated packer fluid, latched back onto packer. Notified NMOCD to run MIT. No NMOCD witness. Ran MIT: Start @ 365 psig. End 365 psig.
 08/06/2018 - RDMO
 08/02/2018 - Called into Hobbs NMOCD office and talked with M. Whitaker. Received verbal approval to proceed with restoring well to injection and to RIH w/ packer rather than seal assembly. Could not find seal assembly replacement.
 Top perf: 8,560'
 Permanent Packer: 8,515'
 Arrowset Inj Packer: 8,495'

Spud Date: 3/2/1971 Rig Release Date: 4/1/1971

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Samantha Angeles* TITLE Regulatory Tech DATE 8/9/2018

Type or print name Samantha Angeles E-mail address: sangeles@mspartners.com PHONE: 817-334-7747

For State Use Only

APPROVED BY: *Malayson* TITLE AO/I DATE 8/13/2018
 Conditions of Approval (if any):

RBDMS-CHART-✓

