

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

**HOBBS OGD**  
**RECEIVED**  
**SEP 11 2018**

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

<b>SUNDRY NOTICES OF PROPOSALS ON WELLS</b> (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 <input checked="" type="checkbox"/> INJ		WELL API NO. 30-025-24612 ✓ 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> 6. State Oil & Gas Lease No. B-1520 7. Lease Name or Unit Agreement Name NORTH VAC ABO UNIT ✓ 8. Well Number 219 ✓ 9. OGRID Number 298299 ✓
2. Name of Operator CROSS TIMBERS ENERGY, LLC ✓ 3. Address of Operator 400 W 7TH STREET, FORT WORTH, TX 76102 4. Well Location Unit Letter <u>N</u> : <u>1030</u> feet from the <u>S</u> line and <u>1973.3</u> feet from the <u>W</u> line Section <u>13</u> Township <u>17-S</u> Range <u>34-E</u> NMPM County <u>LEA</u>		10. Pool name or Wildcat NORTH VAC ABO
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <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.

Rigged up 08/21/2018

POOH w/ tubing and seal assembly. RBIH w/ tubing and new assembly. Sting into packer, pressure test TCA, OK. Sting out, circulate backside with packer fluid. Sting in. Run MIT (no NMOCD witness). Start pressure 380 psig. End Pressure 378 psig.

Spud Date: 01/17/1974

Rig Release Date: 02/08/1974

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

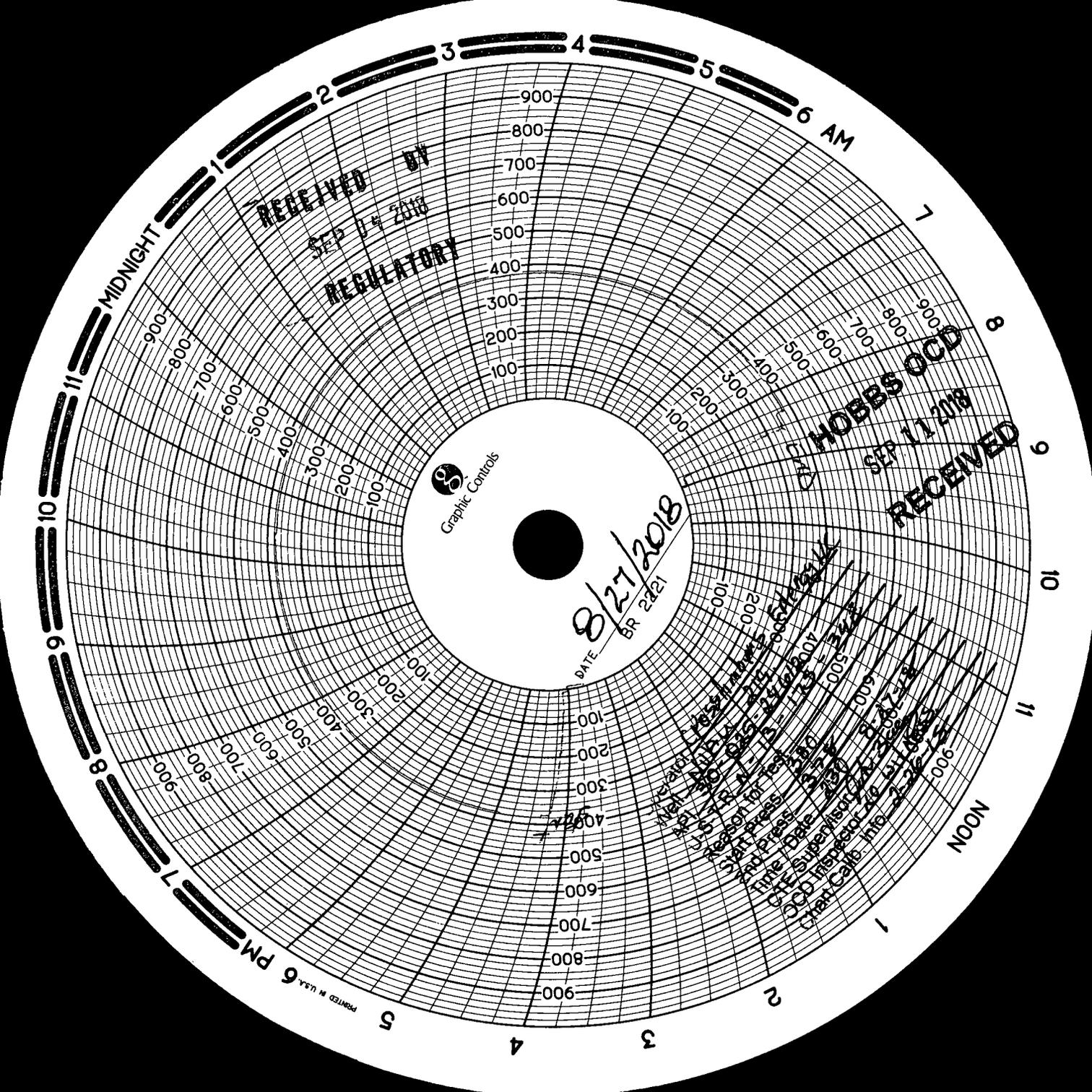
SIGNATURE Samanntha Angeles TITLE Regulatory Tech DATE 09/06/2018

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

**For State Use Only**

APPROVED BY: Maley Brown TITLE AO/I DATE 9/11/2018  
 Conditions of Approval (if any):

RBMS-CHART-r ✓



Graphic Controls

8/27/2018  
BR 2821  
DATE

RECEIVED BY  
SEP 14 2018  
REGULATORY

HOBBBS OCD  
SEP 11 2018  
RECEIVED

Handwritten notes and signatures in the bottom right quadrant, including names like "John", "Mike", "D", "OCD Supervisor", "OCD Inspector", and "Chart Center".

PRINTED IN U.S.A.