

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

HOBBS OCD  
 RECEIVED  
 DEC 03 2018

<p style="text-align: center;"><b>SUNDRY NOTICES AND REPORTS 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.)</p> <p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> INJ</p> <p>2. Name of Operator          CROSS TIMBERS ENERGY, LLC</p> <p>3. Address of Operator          400 W 7TH ST, FORT WORTH, TX 76102</p> <p>4. Well Location          Unit Letter <u>L</u> : <u>2000</u> feet from the <u>S</u> line and <u>660</u> feet from the <u>W</u> line          Section <u>10</u> Township <u>17-S</u> Range <u>34-E</u> NMPM County <u>LEA</u></p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)          4063 GR</p>	<p>WELL API NO.          30-025-24090</p> <p>5. Indicate Type of Lease          STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil &amp; Gas Lease No.          312479</p> <p>7. Lease Name or Unit Agreement Name          NORTH VAC ABO UNIT</p> <p>8. Well Number <u>229</u></p> <p>9. OGRID Number          298299</p> <p>10. Pool name or Wildcat          NORTH VAC-ABO POOL</p>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p style="text-align: center;"><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input checked="" 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"/></p>	<p style="text-align: center;"><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input 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"/></p>
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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.

December 2018

1. MIRU. TIH w/ plug and packer to determine source of pressure on production casing.
2. POOH. RDMO

*C.O.A*  
*Submit current wellbore diagram.*

**Condition of Approval: notify  
 OCD Hobbs office 24 hours  
 prior of running MIT Test & Chart**

Spud Date: 04/07/1972

Rig Release Date: 05/11/1972

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 12/03/2018

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

**For State Use Only**

APPROVED BY: *Maley Brown* TITLE *NO/I* DATE *12/6/2018*  
 Conditions of Approval (if any):