

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

HOBBSDOCD  
 MAY 30 2019  
 RECEIVED

WELL API NO.	30-025-33337
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	312471
7. Lease Name or Unit Agreement Name	SOUTHEST MALJAMAR GSAU
8. Well Number	614
9. OGRID Number	298299
10. Pool name or Wildcat	VACUUM; ABO NORTH
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	4052 GR

**SUNDRY NOTICES AND REPORTS ON WELLS**  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG A WELL OR TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well  Gas Well  Other  INJ

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 N : 1070 feet from the S line and 1888 feet from the W line  
 Section 29 Township 17-S Range 33-E NMPM County LEA

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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>MIT</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.

5 YR MIT TEST 5/8/2019  
 START PRESSURE 380, END PRESSURE 350

Spud Date: 04/27/1996

Rig Release Date: 05/02/1996

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

SIGNATURE Samanntha Avarello TITLE Regulatory Technician DATE 05/28/2019

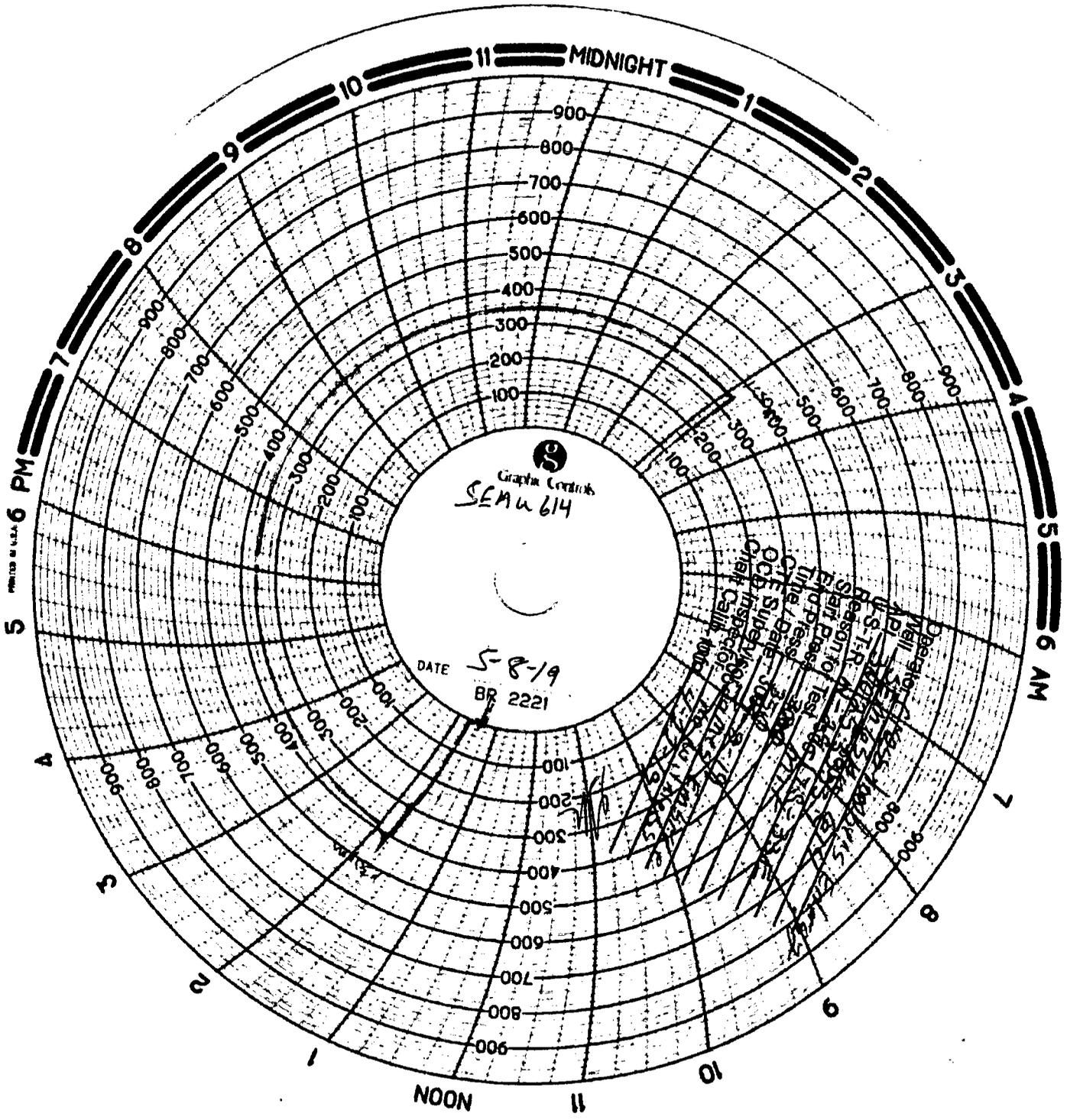
Type or print name Samanntha Avarello E-mail address: savarello@mspartners.com PHONE: 817-334-7747

**For State Use Only**

APPROVED BY: Greg Robinson TITLE Compliance Officer DATE 5-31-19

Conditions of Approval (if any):





Graphic Controls

SEAW 614

DATE 5-8-19  
BR 2221

Operator: [scribble]  
Mell: [scribble]  
U.S. [scribble]  
Reason for Test: [scribble]  
Time of Day: [scribble]  
C/E: [scribble]  
Och: [scribble]  
Dist: [scribble]  
Cell: [scribble]