Office Submit 1 Copy To Appropriate District	State	of New Mexico)			Form C-103
District I - (575) 393-6161	Energy, Miner	als and Natural F	Resources r	******		sed July 18, 2013
1625 N. French Dr., Hobbs, NM 88240			Qn-	WELL API		/
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION			30-025-22344 ´ 5. Indicate Type of Lease		
District III - (505) 334-6178	1//U SQUID SI A PROPERTY UT			STATE X FEE		
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505, 2019			6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM		YAM	20			
87505	FICES AND REPORTS		SWED	7 Longo N	3124 ame or Unit Agre	
(DO NOT USE THIS FORM FOR PROP	OSALS TO DRILL OR TO D	DEEPEN OR PLAN	CTOA	7. Lease N	ame or Omit Agre	sement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				NORT	H VACUUM	ABO UNIT
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other INI				8 Wall Number		
2. Name of Operator				9. OGRID	Number 230	`
CROSS TIMBERS ENERGY, LLC). Odidb	298	299
3. Address of Operator				10. Pool name or Wildcat		
400 W 7TH STREET, FORT WORTH, TX 76102				VACUUM; ABO UNIT		
4. Well Location						
Unit Letter J	; 1880 feet from t	the S	line and	2130 fe	et from the	E line
Section 13	Township		34-E	NMPM	County	
	11. Elevation (Show			•		EER '
4026 GR						
12. Check	Appropriate Box to	Indicate Natur	e of Notice, I	Report or (Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK						IG CASING 🔲
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL					_	
PULL OR ALTER CASING		CA	SING/CEMENT	JOB		
DOWNHOLE COMMINGLE						•
CLOSED-LOOP SYSTEM OTHER:	J	ПОТ	HER:			MIT 🕅
13. Describe proposed or com	pleted operations. (Cle		—	give pertine	nt dates, includin	
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 05/08/2019						
START PRESSURE 350, END PRESSURE 350						
Spud Date:	R	ig Release Date:				
12/08/196	7	B Itolouse Buie.	02/	01/1968		
I hereby certify that the information	n above is true and com	nlete to the hest of	my knowledge	and helief		
Thereby certify that the information	1 above is true and com	piete to the best of	my knowiedge	and benefic.		
	1					
SIGNATURE amammel	a Barello I	TITLE Regulator	y Technician	1	DATE05	5/29/2019
\mathcal{O}						
Type or print name <u>Samanntha Avarello</u> E-mail address: <u>savarello@mspartners.com</u> PHONE: <u>817-334-7747</u>						
For State Use Only						
	Avarello E	1			III PHONE: 61	<u>/-334-//4/</u>
ADDROVED BY.	\	1				- .
APPROVED BY: May No. Conditions of Approval (if any):	\	1	vareuo@msp vài Iffe		<u>in</u> phone: <u>81</u> date_ <i>53</i>	- .



