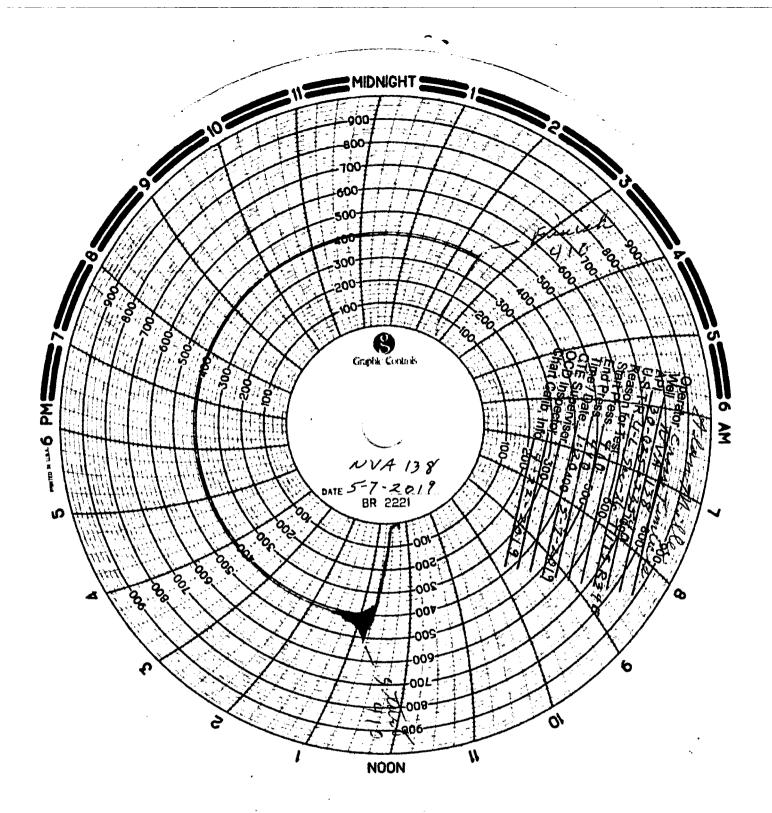
| Submit 1 Copy To Appropriate District Office | State of New M | | Form C-103 | | | | |
|--|---|----------------------------|--|--|--|--|--|
| <u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 | Energy, Minerals and Na | | Revised July 18, 2013 WELL API NO. | | | | |
| <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVA IAC 1220 South St. F | BRSION | 30-025-23540 | | | | |
| District III - (505) 334-6178 | 1220 South St. Fi | ancis Drang | 5. Indicate Type of Lease STATE X FEE | | | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 | Santa Fe, NM | M\$303 0 5013 | 6. State Oil & Gas Lease No. | | | | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | DECEIVED | 312479 | | | | |
| SUNDRY NOT | ICES AND REPORTS ON WEL | BEODI | 7. Lease Name or Unit Agreement Name | | | | |
| (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLI | | | NORTH VACUUM ABO UNIT | | | | |
| PROPOSALS.) 1. Type of Well: Oil Well | Gas Well X Other INI | | 8. Well Number 138 | | | | |
| 2. Name of Operator | 9. OGRID Number | | | | | | |
| CROSS | 298299 | | | | | | |
| 3. Address of Operator | 10. Pool name or Wildcat | | | | | | |
| 400 W 4. Well Location | VACUUM; ABOU, NORTH | | | | | | |
| Unit Letter L | 1980 feet from the S | / line and | 860 feet from the W line | | | | |
| Section 26 | | Range 34-E | NMPM County LEA | | | | |
| | 11. Elevation (Show whether L | OR, RKB, RT, GR, etc.) | | | | | |
| | 4026 GR | · | | | | | |
| 12. Check | Appropriate Box to Indicate | Nature of Notice, | Report or Other Data | | | | |
| NOTICE OF IN | ITENTION TO: | l SUB | SEQUENT REPORT OF: | | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WOR | | | | | |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRI | | | | | |
| PULL OR ALTER CASING DOWN THE COMMENTS OF TH | MULTIPLE COMPL | CASING/CEMEN | г ЈОВ 🗆 | | | | |
| DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM | | | | | | | |
| OTHER: | | OTHER: | MIT 🛛 | | | | |
| 13. Describe proposed or comp | | | d give pertinent dates, including estimated date | | | | |
| | | AC. For Multiple Cor | npletions: Attach wellbore diagram of | | | | |
| proposed completion or rec | ompietion. | | | | | | |
| 5 YR MIT TEST 05/07 | 2010 | | | | | | |
| |), END PRESSURE 410 | | | | | | |
| 317K1 1 KL33CKL 41 | , LND I KLOSOKE 410 | | | | | | |
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| | | <u> </u> | | | | | |
| Spud Date: | Rig Release | Date: | | | | | |
| 07/11/192 | 70 Rig Release | <u></u> | 08/02/1970 | | | | |
| | | | | | | | |
| I hereby certify that the information | above is true and complete to the | best of my knowledge | e and belief. | | | | |
| | 1 | | | | | | |
| SIGNATURE AMAINTA | TITLE Res | gulatory Technicia | DATE 05/29/2019 | | | | |
| Type or print name Samanntha A | varello E-mail addr | ess: <u>savarell</u> o@msr | pertners.com PHONE: 817-334-7747 | | | | |
| For State Use Only | | | | | | | |
| APPROVED BY: Kay Polen | TITI E | when in 10 th | Lech DATE 5-31-19 | | | | |
| Conditions of Approval (if any): | IIILE COL | numee Off | DAIL JATI | | | | |



State of New Mexico

Energy, Minerals and Natural Resources Department Oil Conservation Division Hobbs District Office BRADENHEAD TEST REPORT

| Operator Name | | | | | | | 3 API Number | | | | | |
|--|-----------------|-----------------|--------------------|------------------------|-------------------|---------------------------|----------------|------------------|--------------|-----------------|---------------|---|
| Cross Timber Energy, LLC Property Name | | | | | | 3002523540 Well No | | | | | | |
| North Vacuum ABO Unit | | | | | | | 138 | | | | | |
| | 17 | , | | 7. 9 | Surface Location | n | | | | | | |
| UL - Loi L | Section 26 | Township 17S | Range 34E | | Feet from 1980 | | S Line SL | Feet From 860 | | E/W Line FWL | County Lea | |
| Well Status | | | | | | | | | | | | |
| Well Status SHUT-IN | | PRODUCING | | | 5-7-201 | | 19 | | | _ | | |
| | OPE | N BRADEN | HEAD AND INTE | ERMEDIATE | TO ATMOSPHE | RE INDI | | | | S EACH | <u> </u> | |
| OBSERVED DATA If bradenhead flowed water, check all of the descriptions that apply: | | | | | | | | | | | | |
| | · · · · · · · · | ίA | Surf-Interm | (B)Interm(1)-Interm(2) | | (C)I | (C)Interm-Prod | | (D)Prod Csng | | (E)Tubing | İ |
| Pressure | | | Ø | | | | | | 0 | | 4350 | |
| Flow Characte | eristics | | | | | | | | | | | |
| Puff | | | v 100 | Y / N | | | Y / N | | Y / 🚫 | | | |
| Steady F | | | Y 1 (R) Y 1 (R) | Y / N | | | Y/N Y/N | | Y (3) | | 4 | |
| Surge: | | _ _ | 1 | Y / N | | - | Y/N | | | | - | |
| Down to nothing Gas or Oil Y (N) | | V (N) | Y/N Y/N | | | Y / N | | Q/N Y (3) | | 4 | | |
| Water | · | | Y 18 | Y/N | | | Y / N | | Y | | 1 | |
| If brodenhead | flowed was | | | ns that anniv | | | . | | | | J | |
| If bradenhead flowed water, check all of the description CLEAR FRESH | | SALTY | | | SULFUR | | BLACK | | | | | |
| Remarks: INJECTING | | | | | | | ING AT | THIS TIME | 1/ | wtr, | GASCO2 | ٦ |
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| Signature Alan Miller | | | | • | | OIL CONSERVATION DIVISION | | | | | | |
| Printed name: ALAN MILLER | | | | | E | Entered into RBDMS | | | | | | |
| Title: LEASE OPERATOR . | | | | | 1 | Re-test | | | | | | |
| E-mail Address AMiller @ C+field SVCS. Gom | | | | | | | | | | | | |
| Date 5-7-2019 Phone. 575-746-7212 | | | | | | | | | | | | |
| Witness | | | | | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | - |