

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

WELL API NO.	30-025-25096
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	312479
7. Lease Name or Unit Agreement Name	NORTH VACUUM ABO UNIT
8. Well Number	224
9. OGRID Number	298299
10. Pool name or Wildcat	VACUUM; ABO, NORHTH
4. Well Location Unit Letter <u>B</u> : <u>745</u> feet from the <u>N</u> line and <u>1880</u> feet from the <u>E</u> line Section <u>11</u> Township <u>17-S</u> Range <u>NMPM</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	4046 GR

HOBBS OCD
MAY 30 2019
RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS
 (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 Gas Well Other INI

2. Name of Operator
CROSS TIMBERS ENERGY, LLC

3. Address of Operator
400 W 7TH STREET, FORT WORTH, TX 76102

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 05/07/2019
 START PRESURE 350, END PRESSURE 350

Spud Date: 09/16/1975 Rig Release Date: 10/08/1975

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

SIGNATURE Samantha Avarello TITLE Regulatory Technician DATE 05/29/2019

Type or print name Samantha Avarello E-mail address: savarello@mspartners.com PHONE: 817-334-7747
For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 5/31/19
 Conditions of Approval (if any):

PRINTED IN U.S.A.

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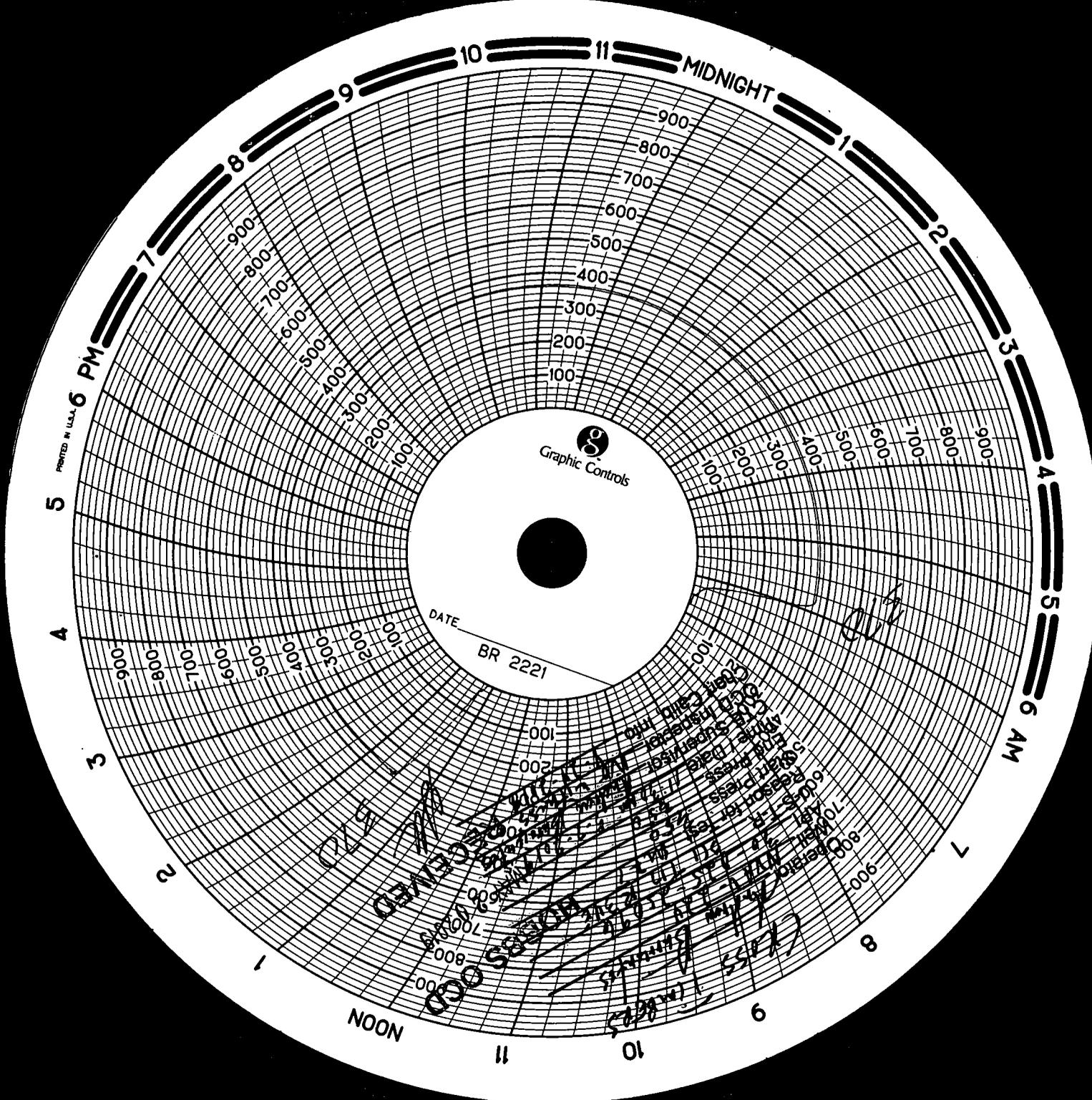
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Graphic Controls

DATE BR 2221

[Handwritten notes and scribbles covering the bottom half of the chart, including names like 'CAMPBELL', 'MORRIS', and 'SMITHS']



05-07-18
Karl M. Johnson
M&S
#13