

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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO.	30-025-29610
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	300
9. OGRID Number	298299
10. Pool name or Wildcat	VACUUM; ABO NORTH
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> 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 <u>K</u> : <u>1980</u> feet from the <u>S</u> line and <u>1980</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>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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: <input checked="" type="checkbox"/>	MIT

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 PRESSURE 358, END PRESSURE 358

Spud Date:

05/14/1986

Rig Release Date:

07/01/1986

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 05/29/2019

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

For State Use Only

APPROVED BY: Gay Pearson TITLE Compliance Officer DATE 5-31-19

Conditions of Approval (if any):

District 1
1625 N. French Dr., Hobbs, NM 88240
Phone (575) 393-6161 Fax (575) 393-0720

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name CROSS TIMBERS ENERGY, LLC	API Number 30-025-29610
Property Name NORTH VACUUM ABO UNIT	Well No 300

1. Surface Location

UL - Lot K	Section 10	Township 17S	Range 34E	Feet from 1980	N/S Line FSL	Feet From 1980	E/W Line FWL	County LEA
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Well Status

Well Status	SHIFT-IN NO	PRODUCING	DATE 4-16-19	Inj.
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OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

OBSERVED DATA

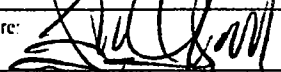
If bradenhead flowed water, check all of the descriptions that apply:

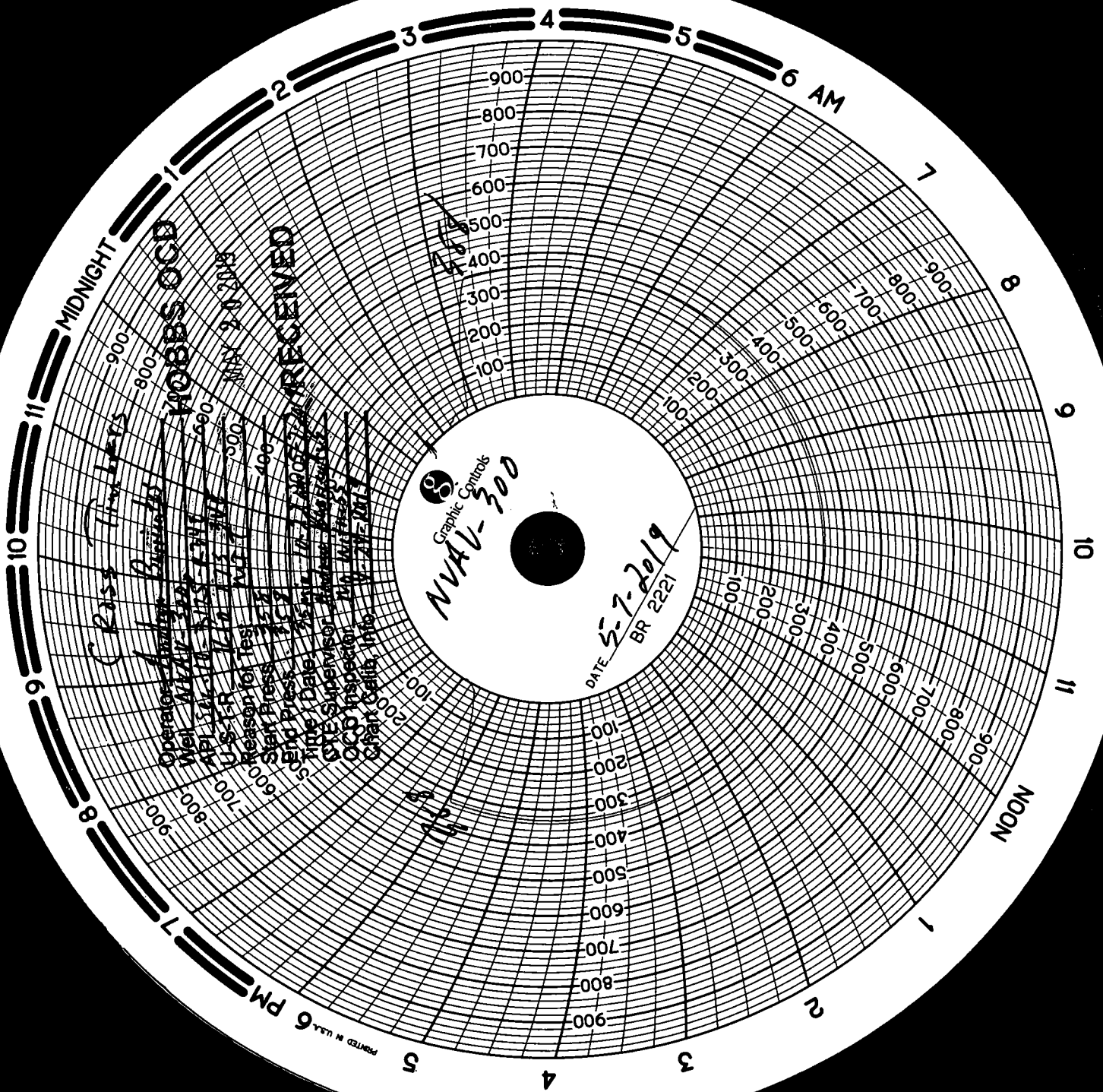
	(A) Surf-Interm	(B) Interm (1)-Interm (2)	(C) Interm-Prod	(D) Prod Casing	(E) Tubing
Pressure	0	—	—	0	4100
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	
Steady Flow	Y / N	Y / N	Y / N	Y / N	
Surges	Y / N	Y / N	Y / N	Y / N	
Down to nothing	Y / N	Y / N	Y / N	Y / N	
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / N	

If bradenhead flowed water, check all of the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks: INJECTING AT THIS TIME ___ WTR, ___ GAS, ___ CO2

Signature: 	OIL CONSERVATION DIVISION
Printed name: Andrew Barricutes	Entered into RBDMS
Title: Lease Operator	Re-test
E-mail Address: mbarricutes@att.net/svcs.com	
Date: 4-16-19	
Phone: 575-441-1634	
Witness:	



C. Ross *Tim Liers*
MOBBS OGD
Operator: *Tim Liers*
Well: *WZV-300*
API: *WZV-300*
CST: *WZV-300*
Reason for Test: *WZV-300*
Start Press: *WZV-300*
End Press: *WZV-300*
Time Date: *WZV-300*
CPE Supervisor: *WZV-300*
OGD Inspector: *WZV-300*
Chart Cells: *WZV-300*

Graphic Controls
NVAL-300

DATE *5-7-2019*
BR *2221*