

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.	30-025-23100
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 VAC ABO UNIT
8. Well Number	129
9. OGRID Number	298299
10. Pool name or Wildcat	VACUUM: ABO NORTH (61760)
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	4028 GR

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG 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 B : 860 feet from the N line and 1980 feet from the E line
 Section 23 Township 17-S Range 34-E NMPM County LEA

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> MIT	
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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.

6/13/2019
 RUN MIT FOR TA STATUS EXTENSION
 START PRESSURE 550, END PRESSURE 550
 CHART ATTACHED

FINAL TA STATUS- EXTENSION
 Approval of TA EXPIRES: 6-13-22
 Well needs to be PLUGGED OR RETURNED
 to PRODUCTION
 BY THE DATE STATED ABOVE: X7

Spud Date: 06/28/2019 Rig Release Date: 07/08/1967

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 06/17/2019

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

APPROVED BY: Kerry Fortie TITLE Compliance Officer A DATE 7-9-19
 Conditions of Approval (if any):

PRINTED IN U.S.A. 6 PM

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NOON

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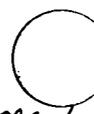
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Graphic Controls



maclastey
Larry Feltz #42
DATE 6-13-2017
BR 2221

Operator: *[Handwritten]*
 Work: *[Handwritten]*
 Rev: *[Handwritten]*
 U.S.M.P. *[Handwritten]*
 Reason for Test: *[Handwritten]*
 Start Press: *[Handwritten]*
 End Press: *[Handwritten]*
 Time / Date: *[Handwritten]*
 CTE Supervisor: *[Handwritten]*
 OGD Inspector: *[Handwritten]*
 Chart Calif. Info: *[Handwritten]*

END