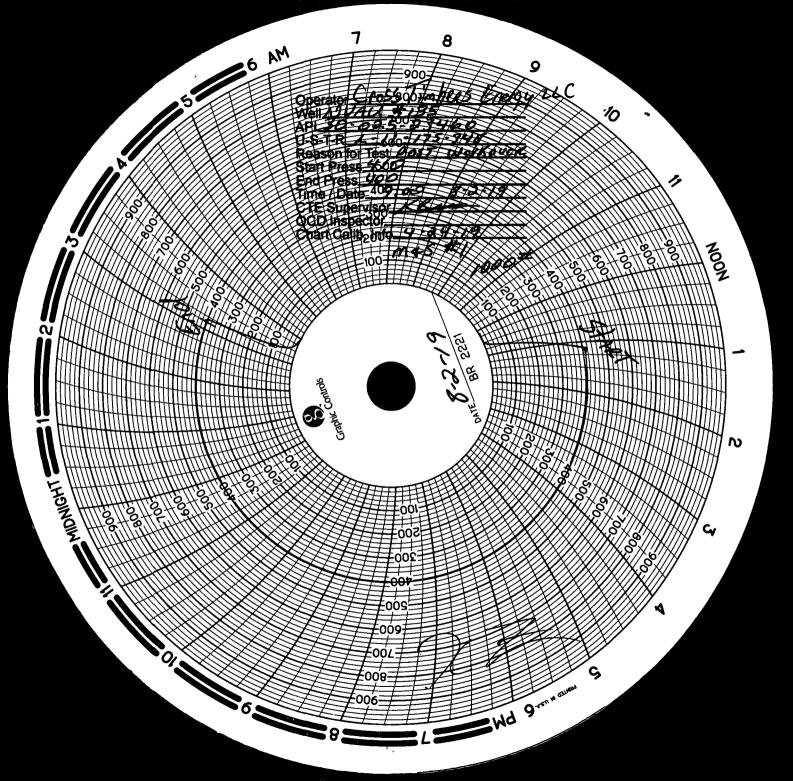
| Office Office | | State of New Me | · · | | Form C-103 | | | | | |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------|----------------------|-----------------------------------------|---------------------------------------|--|--|--|--|--|
| District I - (575) 393-616 | Energy, | Minerals and Natu | ıral Resources | Curiaria . accesa | Revised July 18, 2013 | | | | | |
| 1625 N. French Dr., Hobb | | | | WELL API NO. | 20 025 22460 | | | | | |
| <u>District II</u> – (575) 748-128 811 S. First St., Artesia, N | | E Indiana Promo | 30-025-23460 | | | | | | | |
| <u>District III</u> – (505) 334-61 | 78 12 | 5. Indicate Type of STATE | | | | | | | | |
| 1000 Rio Brazos Rd., Azte | CC, 141VI 0741U | 6. State Oil & Ga | | | | | | | | |
| <u>District IV</u> – (505) 476-34 1220 S. St. Francis Dr., Sa | | 20 South St. Fra Santa Fe, NAME | I 2 2010 | 0. State Off & Ga | s Lease No. | | | | | |
| 87505 | | | | | 312479 | | | | | |
| SU | JNDRY NOTICES AND RE | PORTS ON VELOS | Env. | 7. Lease Name or | Unit Agreement Name | | | | | |
| (DO NOT USE THIS FOR | RM FOR PROPOSALS TO DRILL R. USE "APPLICATION FOR PER | OR TO DEEPEN OR PL | SCIENCE DA | | | | | | | |
| PROPOSALS.) | R. USE APPLICATION FOR PER | NORTH VAC ABO UNIT | | | | | | | | |
| 1. Type of Well: Oi | l Well 🔲 Gas Well 📋 | Other INI | | 8. Well Number 135 | | | | | | |
| 2. Name of Operator | | 9. OGRID Number | | | | | | | | |
| | CROSS TIMBERS | ENERGY, LLC | | 298299 | | | | | | |
| 3. Address of Operat | | | | 10. Pool name or Wildcat | | | | | | |
| | 400 W 7TH STREI | ET FORT WORT | TH TX 76102 | VACUUM; ABO, NORTH | | | | | | |
| 4. Well Location | 100 11 7 111 51112. | JI, I ORI WOR | 111, 171 / 0102 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | |
| Unit Letter | L : 1980 fee | t from the S | line and | 860 feet from | n the W line | | | | | |
| - | | | | NMPM | | | | | | |
| Section | | | inge 34-E | | County LEA | | | | | |
| | 11. Elevation | n (Show whether DR | , KKB, KI, GK, eic., | | | | | | | |
| | | | | | | | | | | |
| | | | | | _ | | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | | | | | | |
| NOT | ICE OF INTENTION | TO: | l cup | CECUENT DE | DORT OF | | | | | |
| | TICE OF INTENTION | SEQUENT REPORT OF: | | | | | | | | |
| PERFORM REMEDIA | _ | | REMEDIAL WOR | - | | | | | | |
| TEMPORARILY ABA | | - | COMMENCE DRI | | P AND A | | | | | |
| PULL OR ALTER CA | | COMPL | CASING/CEMEN | L JOB 🗀 | | | | | | |
| DOWNHOLE COMM | | | | | | | | | | |
| CLOSED-LOOP SYS | STEM | — | | | _ | | | | | |
| OTHER: | | | OTHER: | 1 | | | | | | |
| | posed or completed operation | | | | | | | | | |
| | y proposed work). SEE RUI | E 19.15.7.14 NMA | J. For Multiple Co. | npletions: Attach w | ellbore diagram of | | | | | |
| proposed con | npletion or recompletion. | | | | | | | | | |
| 07/20/201 | O MIDII NID WILL Amon | Limant Dies DIIC | an full COOU w | elita Ortha | | | | | | |
| | 9 - MIRU. ND WH tree. | | | , | | | | | | |
| | 9 - Cont scan & POOH | w jts, tbg. Total so | an out 275 jts. L | D pkr. Ru Tester | s. PU, test, RIH w/ | | | | | |
| pkr, O/O t | ool, jts, tbg. | | | | | | | | | |
| 08/01/2019 | 9 - Cont test & RIH w/ jt | s, the subs RD t | ester. Set pkr @ 8 | 8511'. Rel from O | /O tool. Circ 200 bbls | | | | | |
| | Lack back onto O/O tool | • | ooton oot pia e v | | , 0 1001. 0110 200 0010 | | | | | |
| - | | | 61 . 1 | a | | | | | | |
| | 9 - ND BOP. NU WH tr | | | Start pressure 41 | 0 psi, End 400 psi. 35 | | | | | |
| mins. Held Ok. No OCD present. RD Recorder, RMDO. RWTI. | | | | | | | | | | |
| Chard attached. | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | ······································ | 1 | | | | | | | | |
| Spud Date: | 05/20/2010 | Rig Release Da | ate: | | | | | | | |
| | 07/30/2019 |] | 0 | 8/02/2019 | | | | | | |
| | | | | | | | | | | |
| I hereby certify that th | e information above is true a | nd complete to the b | est of my knowledg | e and helief | | | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | | | | | | |
| | | | | | | | | | | |
| SIGNATURE AM | nmilla kined | LE TITLE Regu | latory Technicia | n DA | TE 08/07/2019 | | | | | |
| SIGNATURE Amanualla Harella TITLE Regulatory Technician DATE 08/07/2019 | | | | | | | | | | |
| Type or print name Sa | amanntha Avarello | E-mail address | s: savarello@ms1 | oartner.com PH | ONE: 817-334-7747 | | | | | |
| For State Use Only | | | · | | | | | | | |
| | 1 11 | _ | . ^ | | 0 | | | | | |
| APPROVED BY: | Kenn that | TITLE ${\cal C}_{+}$ | 0. H | DA | TE 8-15-19 | | | | | |
| Conditions of Approva | al (if and): | | • | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | | | | | | |



State of New Mexico

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

BRADENHEAD TEST REPORT

| Cross Ti | nbens E | Energy, La | <u> </u> | 30 | -025 | -23460 | | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|----------------|--------------------|---------------|-------------------------------|--|--|--|
| North | Vacuum | roperty Name ABO | | | 13 | -23460 Vell No. | | | |
| 7. Surface Location | | | | | | | | | |
| | vnship Range | Feet from | | Feet From | E/W Line | County | | | |
| L | | | | | | | | | |
| TA'D Well SHUT-IN INJECTOR PRODUCER DATE | | | | | | | | | |
| YES NO | YES (NO (NJ) SWI | | SWD OIL | OIL GAS | | 8-2-19 | | | |
| OBSERVED DATA | | | | | | | | | |
| | (A)Surf-Interm | (B)Interm(1) | (C)Interm(2) | (D)Pro | d Csng | (E)Tubing | | | |
| Pressure | -0- | | | € | - | Ð | | | |
| Flow Characteristics | | | | | | NOT Enj- | | | |
| Puff | YO | Y / N | Y/N | | Y/E | CO2 | | | |
| Steady Flow | Y / (N) | Y/N | Y/N | | Y | WTR | | | |
| Surges | Y/E | Y/N | Y/N | | YIN | GAS | | | |
| Down to nothing | Ø N | Y/N | Y/N | | Ø/ N | If applicable type | | | |
| Gas or Oil Water | Y /(\$) | Y/N Y/N | Y / N Y / N | | Y/N | fluid injected for Waterflood | | | |
| water | Y /(N) | I / N | ¥ / N | | Y / (X) | Training . | | | |
| If bradenhead flowed water, cl | neck all of the descriptio | ons that apply: | | | | | | | |
| CLEAR | FRESH SALTY SU | | SULFU | FUR BLACK | | | | | |
| | | | | | | | | | |
| Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies. | | | | | | | | | |
| Pact War | KOUGA | | | | | | | | |
| Post Workough Chart Rec Info | | | | | | | | | |
| | | | | | | | | | |
| Chart Rec | Info | | | | | | | | |
| 4 1 24 10 | | | | | | | | | |
| M+5#1 4-24-19 | | | | | | | | | |
| M+5#1 4-24-19 | | | | | | | | | |
| 7000 | | • | | | | | | | |
| Signature: | | | | | | | | | |
| - An | | OIL CONSERVATION DIVISION | | | | | | | |
| Printed name: SEVIN SENNETT | | | | Entered into RBDMS | | | | | |
| Title: Okeratox | I | Re-test O | | | | | | | |
| E-mail Address: Kben | . com | | | | | | | | |
| Date: 8-2-19 Phone: 575-513-8156 | | | | | | • | | | |
| Witness: | | | | | | | | | |
| NO OCD Present | | | | | | | | | |