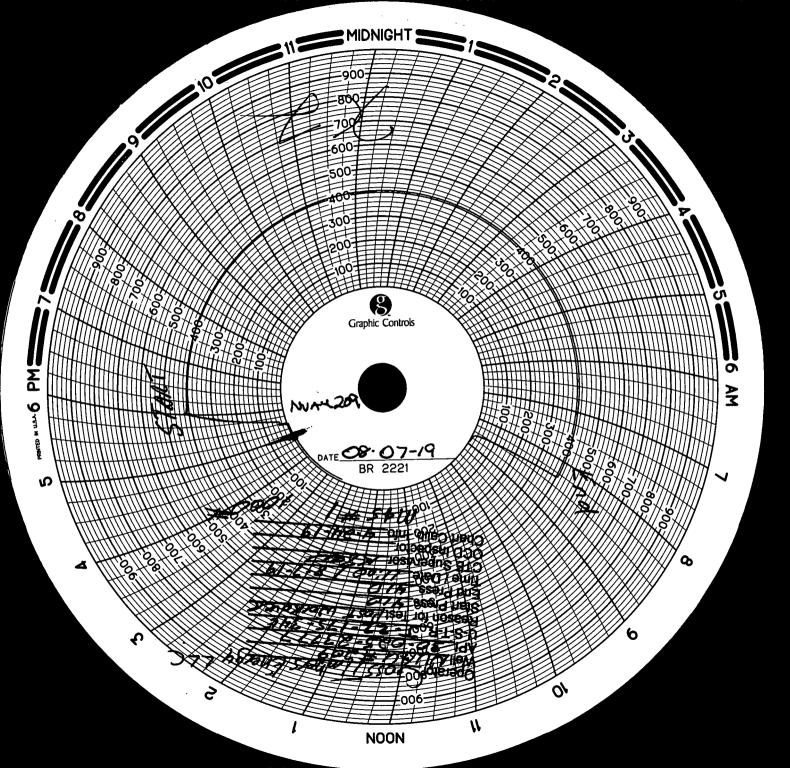
| Submit 1 Copy To Appropriate District Office | State of New Mexico | Form C-103 | | | | | | |
|--|--|--|--|--|--|--|--|--|
| <u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 | Energy, Minerals and Natural Resources | Revised July 18, 2013 WELL API NO. | | | | | | |
| District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVABLE DIVISION | 30-025-23777 | | | | | | |
| District III - (505) 334-6178 | 1220 South St. Francis Ang | 5. Indicate Type of Lease STATE FEE | | | | | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 | Santa Fe, MME8 505 | 6. State Oil & Gas Lease No. | | | | | | |
| 87505 | 20 S. St. Francis Dr., Santa Fe, NM 505 | | | | | | | |
| SUNDRY NOTICES AND REPORTS ON VILLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | 7. Lease Name or Unit Agreement Name | | | | | | |
| DIFFERENT RESERVOIR. USE "APPL PROPOSALS.) | NORTH VAC ABO UNIT | | | | | | | |
| 1. Type of Well: Oil Well | 8. Well Number 209 | | | | | | | |
| 2. Name of Operator CROSS TIMBERS ENERG | 9. OGRID Number 298299 | | | | | | | |
| 3. Address of Operator | 10. Pool name or Wildcat | | | | | | | |
| 400 WEST 7th STREET, F | NORTH VAC ABO | | | | | | | |
| 4. Well Location Unit Letter 1980 feet from the S line and 1780 feet from the Line | | | | | | | | |
| Section 22 | Township 17 S Range 34 E | NMPM County LEA | | | | | | |
| - | 11. Elevation (Show whether DR, RKB, RT, GR, 6 | etc.) | | | | | | |
| S | 4050 GR | | | | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | | | | |
| NOTICE OF I | NTENTION TO: SE | JBSEQUENT REPORT OF: | | | | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON 🔲 REMEDIAL W | ORK ALTERING CASING | | | | | | |
| TEMPORARILY ABANDON DULL OR ALTER CASING | = | ORILLING OPNS. P AND A | | | | | | |
| DOWNHOLE COMMINGLE | | EN JOB | | | | | | |
| CLOSED-LOOP SYSTEM | _ | | | | | | | |
| OTHER: | OTHER: | and give pertinent dates, including estimated date | | | | | | |
| 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 re | completion. | | | | | | | |
| 8/2/2019: MIRU | | • | | | | | | |
| | /tubing and packer, scanned tubing. | a battan. Tantad tubina bask in | | | | | | |
| 8/6/2019: Replaced all BB, GB, RB tubing with 2-3/8" YB or better. Tested tubing back in hole. Set packer @ 8480'. | | | | | | | | |
| 8/7/2019: Pressure test backside to 400 psi for 15 min- held. Released from on/off tool, | | | | | | | | |
| | kr fluid. Latch back on to on/off tool. | , | | | | | | |
| | | | | | | | | |
| Passing MIT (attached) - Start pressure 410 psi, End pressure 410 psi | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Spud Date: 05/25/1972 | Rig Release Date: 08/07/2 | 019 | | | | | | |
| | | | | | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | | | | |
| \mathcal{O}_{\bullet} \mathcal{D}_{\bullet} | | | | | | | | |
| SIGNATURE Muly Col TITLE Regulatory Analyst DATE 8/8/2019 | | | | | | | | |
| Type or print name Connie Blay | /lock E-mail address: cblaylock@ | mspartners.c PHONE: 817-334-7882 | | | | | | |
| For State Use Only | | | | | | | | |
| APPROVED BY: Yeary Int TITLE Congliance Office A DATE 8-15-19 | | | | | | | | |
| Conditions of Approval (if any): | | | | | | | | |



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 Timbers Energy UC Property Number | | | | | 30 -025-23777 Well No. | | | | |
| Cross Timbers Energy LLC Property Name North Vaccum ABD | | | | | 209 | | | | |
| 7. Surface Location | | | | | | | | | |
| | wnship Range | Feet from | | | Feet From | E/W Line | County | | |
| 7 22/ | 75 346 | Well State | FSL | | 780 | FEL | LEA | | |
| TA'D Well | PRO | DUCER | <u> </u> | DATE | | | | | |
| YES NO | SHUT-IN YES | NO INJECTO | SWD OIL | | GAS | 8- | 7-19 | | |
| OBSERVED DATA | | | | | | | | | |
| | (A)Surf-Interm (B)Interm(1) (C)Interm(2) | | | | | | (D)Prod Csng (E)Tubing | | |
| Pressure | | | | (C)MCTM(Z) | | | | | |
| Flow Characteristics | 10 | | | | | 9 | ALOT TICK | | |
| Puff | YM | Y / N | <u>v</u> | / N | | Y / 🚯 | NOT IN | | |
| Steady Flow | Y/N | Y / N | l | Y/N | | Y/60 | WTR | | |
| Surges | Y76 | Y/N | Y | Y/N | | Y/D | GAS | | |
| Down to nothing | ON | Y / N | Y | Y / N | | RY N | If applicable type | | |
| Gas or Oil | YIE | Y/N | Y / N | | | Y / N fluid injected for | | | |
| Water | Y / (N) | Y / N | Y | Y/N | | Y / N Waterflood | | | |
| | | <u> </u> | | | 1 | | <u></u> | | |
| If bradenhead flowed water, o | | | | | | | | | |
| CLEAR | FRESH | SALTY | SALTY SULFUR | | | BLACK | | | |
| Remarks: Please state for e | ach string (A.R.C.D.F | nertinent information rec | onding blood d | 01UD 05 00 | antinuous huil | d un if annlice | | | |
| A | acii sti iiig (A,D,C,D,E | | arung bieed u | own or co | minuous vun | u up it applies | • | | |
| POST WO | Kover | - / DG CEX | | | | | | | |
| | | | | | | | | | |
| i | _ | | | | | | | | |
| Chart In | fo: | | | | | | | | |
| M45#1 | | | | | | | | | |
| l | | | | | | | | | |
| 4-24-19 | | | | | | | | | |
| 1000# | | | | | | | | | |
| Signature: | | | | | OIL CONSERVATION DIVISION | | | | |
| Printed name: Kevin Sennell | | | | Ent | Entered into RBDMS | | | | |
| Title: Oferator | | | | _ | Re-test 1 | | | | |
| E-mail Address: X 600 | | FieldSVCS | Com | | _ | ~ | | | |
| Date: 8 - 7 - 19 | | 75-513-815 | | | | 1 | | | |
| | Witness: | | - | | | | <u>,</u> | | |
| | | OCD Preser | T | | · · · · · · · · · · · · · · · · · · · | | | | |