

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 August 1, 2011

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.)		WELL API NO. 30-025-23695
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CROSS TIMBER ENERGY, LLC		6. State Oil & Gas Lease No. 312479
3. Address of Operator 400 W. 7 TH STREET, FORT WORTH, TEXAS 76102		7. Lease Name or Unit Agreement Name NORTH VAC ABO UNIT
4. Well Location Unit Letter D : 560 feet from the NORTH line and 560 feet from the WEST line Section 23 Township 17S Range 34E NMPM County LEA		8. Well Number 155
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4,034' - GR		9. OGRID Number 298299
		10. Pool name or Wildcat VACUUM; ABO, NORTH

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"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: WELL PLUGGED AND ABANDONED 08/06/19.

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.

08/02/19: SET 5-1/2" CIBP @ 8,492'; CIRC. WELL W/ M.L.F.; PRES. TEST 5-1/2" CSG. TO 500# - HELD OK.
08/05/19: PUMP 25 SXS. CMT. @ 8,492'-8,312'; PUMP 25 SXS. CMT. @ 5,600'-5,450'; PUMP 40 SXS. CMT. W/ 2% CACL @ 4,700'; PRES. UP TO 600# X HOLD; BLED DOWN TO 200# IN 2 HRS.; WAIT 2 ADD'L HOURS X PRES. UP TO 500# - HELD OK; TAG CMT. PLUG @ 4,638'.
08/06/19: PUMP 25 SXS. CMT. @ 4,638'-4,498' (PER OCD); PUMP 25 SXS. CMT. @ 2,850'-2,730'; PUMP 25 SXS. CMT. W/ 2% CACL @ 1,750'; WOC X TAG CMT. PLUG @ 1,519'; MIX X CIRC. TO SURF. 25 SXS. CMT. @ 150'-3'; DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; VERIFY CMT. TO SURF. ON ALL ANNULI; WELD ON STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER.

Spud Date: MIRU PXA EQUIP.: 08/01/19

Rig Release Date: RDMO PXA EQUIP.: 08/06/19

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

SIGNATURE David A. Eyler TITLE: AGENT

DATE: 08/07/19

Type or print name: DAVID A. EYLER

E-mail address: deyler@milagro-res.com

PHONE: 432.687.3033

For State Use Only

APPROVED BY: Kerry Forth
Conditions of Approval (if any):

TITLE C. O. A

DATE 9-5-19