

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 August 1, 2011

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

WELL API NO. 30-025-24090
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 229
9. OGRID Number 298299
10. Pool name or Wildcat VACUUM; ABO, NORTH

HOBBS OCD  
 AUG 19 2019  
 RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR BACK TO 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 TIMBER ENERGY, LLC

3. Address of Operator  
400 W. 7<sup>TH</sup> STREET, FORT WORTH, TEXAS 76102

4. Well Location  
 Unit Letter L : 2000 feet from the SOUTH line and 660 feet from the WEST line  
 Section 10 Township 17S Range 34E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4,063' - GR

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

<b>NOTICE OF INTENTION TO:</b> 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"/>		<b>SUBSEQUENT REPORT OF:</b> 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 09/13/19.	

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.

- 08/08/19: TAG EXISTING 5-1/2" CIBP + CMT. @ 8,655'; CIRC. WELL W/ M.L.F.; PUMP 25 SXS. CMT. @ 5,900'; WOC.
- 08/09/19: TAG CMT. @ 5,750'; PUMP 25 SXS. CMT. @ 5,750' (PER OCD); SET 5-1/2" PKR. @ 2,750' X ATTEMPT TO EST. INJ. RATE BELOW PKR. - PRES. UP TO 800# X HOLD; PRES. UP ON CSG. ABOVE PKR. TO 600# - HELD OK; PUMP 35 SXS. CMT. @ 2,963' (PER OCD); WOC.
- 08/12/19: TAG CMT. @ 2,609' (OK'D BY OCD); PERF. SQZ. HOLES @ 1,700'; ATTEMPT TO EST. INJ. RATE - PRES. UP TO 800# X HOLD; PUMP 25 SXS. CMT. @ 1,750'-1,585' (PER OCD); MIX X CIRC. TO SURF. 10 SXS. CMT. @ 63'-3'.
- 08/13/19: DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; WELD ON STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER.

Spud Date: MIRU PXA EQUIP.: 08/07/19      Rig Release Date: RDMO PXA EQUIP.: 08/13/19

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: 08/14/19

Type or print name: DAVID A. EYLER E-mail address: [deyler@milagro-res.com](mailto:deyler@milagro-res.com) PHONE: 432.687.3033

**For State Use Only**  
 APPROVED BY: Kenny Forth TITLE Compliance Officer A DATE 9-3-19  
 Conditions of Approval (if any):