

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

A Amended Form C-103
May 27, 2004

HOBBS OCD

MAR 19 2014

RECEIVED

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

WELL API NO. 30-025-37398
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-3009
7. Lease Name or Unit Agreement Name EM 2 State
8. Well Number #1
9. OGRID Number 113315
10. Pool name or Wildcat Lovington, Paddock

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.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
Texland Petroleum-Hobbs, LLC

3. Address of Operator
777 Main Street, Suite 3200, Fort Worth, Texas 76020

4. Well Location
Unit Letter J: 1740 feet from the South line and 2310 feet from the East line
Section 2 Township 17S Range 36E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3837'

Pit or Below-grade Tank Application or Closure
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls: Construction Material _____

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

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

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 1/7/14 Notified OCD/24 hrs
- 1/8/14 RU completion unit, Set CIBP @ 7840' w/5 sks cmt plug *A*
Perf 6182-6200' 1 spf = 19 holes; Acdz w/1500 gals 15% HCl; swab well
- 1/9/14 Acdz perms 6182-6200 w/1500 gals HCl; swab well
- 1/13/14 Acdz perms 6182-6200 w/8000 gals 20% HCl; swab well
- 1/16/14 TIH w/tbg & rods, Set TAC @ 6071', EOT @ 6247'
Put well back on production

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE Vickie Smith TITLE Regulatory Analyst DATE 2/19/14

Type or print name Vickie Smith E-mail address: vsmith@texpetro.com Telephone No. 575-397-7450
For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE MAR 24 2014
Conditions of Approval (if any): _____

MAR 24 2014