Submit 3 Copies To Appropriate District	State of New Mexico		Form C-1	03
Office Energy, Minerals and Natural Resources		ral Resources	May 27, 20	004
1625 N. French Dr., Hobbs, NM 88			ELL API NO.	
Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88 District II 1301 W. Grand Ave., Artesia, NM 88210 District III FED. 2.4 2022 1220 South St. Francis Dr.			30-025-39977	
District III 1000 Rio Brazos Rd., Aztec, NM 87416B 2 4 2011 1220 South St. Francis Dr. Santa Fe, NM 87505		ncis Dr.	Indicate Type of Lease STATE FEE FEE	
Thetriet IV			State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NUBBS	OCD	0.	State on a Gas Bease No.	
87505 SUNDRY NOTICES	S AND REPORTS ON WELLS	7.	Lease Name or Unit Agreement Name	<u>—</u>
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			Parker 23	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Well Number	
1. Type of Well: Oil Well Gas Well Other			#3-H	
2. Name of Operator		9.	OGRID Number	
Texland Petroleum-Hobbs, LLC			113315	
3. Address of Operator			. Pool name or Wildcat	
777 Main Street, Suite 3200, Fort Worth, Texas 76020			East Garrett, Drinkard	
4. Well Location				
Unit Letter O: 39	0feet from theSouth	line and 2280	feet from the East line	
Section 23	Township 16S	Range 38E	NMPM Lea County	
1	. Elevation (Show whether DR,		180	
di di matri	3695' G	,	Fig. 1. State of the State of t	
Pit or Below-grade Tank Application or Clo	sure 🗌		- Indiana and a state of the st	***************************************
Pit typeDepth to Groundwater_	Distance from nearest fresh w	rater well Distance	from nearest surface water	
Pit Liner Thickness: mil	Below-Grade Tank: Volume	bbls; Constru	uction Material	
12. Check Appr	ropriate Box to Indicate N	ature of Notice, Rer	oort or Other Data	
	_			
			QUENT REPORT OF:	
<u> </u>		REMEDIAL WORK	ALTERING CASING	Ш
<u> </u>		COMMENCE DRILLIN CASING/CEMENT JO	_	
TOLE STORE, ETC. STORES	JEHN LE OOMN L	O'NONTO/OLIVILITY 30		
OTHER:		OTHER:	Notice of Spud	1
13. Describe proposed or completed	operations. (Clearly state all p	pertinent details, and give	ve pertinent dates, including estimated	date
	SEE RULE 1103. For Multip	e Completions: Attach	wellbore diagram of proposed comple	tior
or recompletion.				
	0/00/44			
Spudded well @ 9:00 a				
Set 40' of 16"conducto	r pipe			
SWI, w/o rotary rig				
I hereby certify that the information abover grade tank has been/will be constructed or closed	e is true and complete to the be	st of my knowledge and	belief. I further certify that any pit or bel	ow-
grade tank has been/will be constructed or closed	raccording to INMOCD guidennes [」, a generai permit □ or an	(attached) afternative OCD-approved plan L	٦٠
SIGNATURE Victie Smi	TITLE R	egulatory Analyst	DATE0 2/24/11	
Type or print name Vickie Smith	E-mail address: v	smith@texpetro.com	m Telephone No. 575-397-7450)
For State Use Only		•		
ADDROVED BY	6	TRALES NA MARCHANE	FEB 2 5 201	1
APPROVED BY: Conditions of Approval (if any):	TITLE VE	ELLOFERN ENORME	DATE	