

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

Form C-103

May 27, 2004

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. 30-025-41738
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 type="checkbox"/> FEE <input type="checkbox"/> X
2. Name of Operator Texland Petroleum-Hobbs, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 777 Main Street, Suite 3200, Fort Worth, Texas 76020		7. Lease Name or Unit Agreement Name Simmons Estate
4. Well Location Unit Letter <u>L</u> : <u>1650</u> feet from the <u>South</u> line and <u>970</u> feet from the <u>West</u> line Section <u>3</u> Township <u>17S</u> Range <u>37E</u> NMPM <u>Lea</u> County		8. Well Number #2
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3769' GR		9. OGRID Number 113315
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	TD and csg jobs <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.

TD 7 7/8" hole @ 11,500' @ 1:00 am 5/21/14

5/21/14 Ran 264 jts 5 1/2" 17# L80 LTC csg; Set @ 11,500'

Cmtd 1st Stage w/110 sks 50:50:10 Poz Cl "H" gel w/5% salt (11.8 ppg & 2.45 yd); Tail in w/450 sks

15:61:11 Poz Cl "C"; CSE-2 w/4% salt (13.2 ppg & 1.63 yd) Circ 50 bbls, PD @ 3:15 am

Cmtd 2nd State w/650 sks 50:50:20 Pox Cl "C" gel w/5% salt (11.8 ppg, 2.45 yd) Tail in w/575 sks

15:61:11 Poz Cl "C"; CSE-2 w/4% salt (13.2 ppg, 1.62 yd)

PD @ 3:15 am 5/22/14, circ 70 bbls

RR @ 4:00 pm 4/22/14

OCD notified but not present

E-PERMITTING - CSNG MB
P&A _____ TA _____
COMP _____ NEW WELL _____
LOC CHG _____

I hereby certify that the information above is true and complete to the best of my knowledge and that no pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or ☐ alternative OCD-approved plan ☐.

SIGNATURE Vickie Smith TITLE Regulatory Analyst DATE 6/17/14

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
Conditions of Approval (if any):

JUL 01 2014