Submit 3 Copies To Appropriate District Office	State of New Me	exico		Form C-103
District I	Energy, Minerals and Nati	ural Resources	WELL ADINO	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-025-42337	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION		5. Indicate Type of Leas	e
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fra			FEE
District IV	Santa Fe, NM 8		6. State Oil & Gas Lease	
1220 S. St. Francis Dr., Santa Fe, NM 87505		HOBBS		/
SUNDRY NOTIO (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA	ES AND REPORTS ON WELLS	SUCRACIENS	7. Lease Name or Unit A	- /
DIFFERENT RESERVOIR. USE "APPLICA	ATION FOR PERMIT" (FORM C-101) F	OR SUCH 2	Cores 8 Stat	e v
PROPOSALS.)		RECEIVE 20	8. Well Number $\#1$	
1. Type of Well: Oil Well X Ga 2. Name of Operator		CIVED	9. OGRID Number	
Texland Petroleum-Hobbs, LL	C /		113315	
3. Address of Operator			10. Pool name or Wildca	at
777 Main Street, Suite 3200, F	ort Worth, Texas 76020		Shoe Bar, Wolfca	
4. Well Location				/
	330feet from theNorth	line and 1784	feet from the East	line
Section 8	Township 17S	Range 36E	NMPM Lea	County
	11. Elevation (Show whether DR	R, RKB, RT, GR, etc.)		
	3672' (GR		
Pit or Below-grade Tank Application or		cal Gas		
	erDistance from nearest fresh			r
Pit Liner Thickness: mil	Below-Grade Tank: Volume		nstruction Material Report or Other Data	
RETURN TO TA TA CSNG ENVIRO O O INT TO PA P&A NR O OTHER: 13. Describe proposed or completion for recompletion. Texland Petroleum-Hob Tagged cmt cap @ 11,00 Set CIBP @ 10,836' w/z	k). SEE RULE 1103. For Multip bs TA'd this well as follows 89'	REMEDIAL WORL COMMENCE DRI CASING/CEMENT OTHER: pertinent details, and ole Completions: Att inis Approval Abandonment	LLING OPNS. P AND T JOB TA d give pertinent dates, inclu	RING CASING D A uding estimated date roposed completion 2021
I hereby certify that the information al grade tank has been/will be constructed or cl			e and belief. I further certify	that any pit or below-
SIGNATURE	TITLER	Regulatory Analys	stDATE0 1/2	21/16
Type or print name Vickie Smith	0	vsmith@texpetro		1
APPROVED BY: Conditions of Approval (if any):	LUCUN TITLE K	Jist Sup	Lewiso DATH	1/25/2016
			JAN 25	2016 X
			JAN	,

