

Submit To Appropriate District Office State Lease - 6 copies Fee Lease - 5 copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, 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 Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505		Form C-105 Revised June 10, 2003	
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; color: blue; font-weight: bold; font-size: 1.2em;">HOBBS OCD</div> <div style="position: absolute; top: 10%; left: 10%; color: blue; font-weight: bold;">MAY 23 2016</div> <div style="position: absolute; bottom: 0; left: 0; color: blue; font-weight: bold; font-size: 1.5em;">RECEIVED</div> </div>		WELL API NO. 30-025-36987		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
		State Oil & Gas Lease No. GT-1996		7. Lease Name or Unit Agreement Name OPL 4 State	
		WELL COMPLETION OR RECOMPLETION REPORT AND LOG		8. Well No. #1	
1a. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/> _____ b. Type of Completion: NEW WORK <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG <input type="checkbox"/> DIFF. <input type="checkbox"/> WELL OVER BACK RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>		2. Name of Operator Texland Petroleum-Hobbs, LLC		9. Pool name or Wildcat WC-025 G03 5173604P; Paddock	
3. Address of Operator 777 Main Street, Suite 3200, Fort Worth, Texas 76020		4. Well Location Unit Letter <u>P</u> : <u>440</u> Feet From The <u>South</u> Line and <u>440</u> Feet From The <u>East</u> Line Section <u>4</u> Township <u>17S</u> Range <u>36E</u> NMPM <u>Lea</u> County _____		10. Date Spudded 12/19/04	
11. Date T.D. Reached 1/30/05		12. Date Compl. (Ready to Prod.) (9/21/07) w/o 4/21/16		13. Elevations (DF& RKB, RT, GR, etc.) 3735'	
14. Elev. Casinghead 13,106'		15. Total Dept 13,106'		16. Plug Back T.D. 6105'	
17. If Multiple Compl. How Many Zones? _____		18. Intervals Drilled By Rotary Tools All		Cable Tools _____	
19. Producing Interval(s), of this completion - Top, Bottom, Name 6194-6370' (oa) Paddock		20. Was Directional Survey Made n/a		21. Type Electric and Other Logs Run n/a	
22. Was Well Cored n/a		23. CASING RECORD (Report all strings set in well)			
CASING SIZE SEE ORIGINAL COMPLETION		WEIGHT LB./FT. 		DEPTH SET 	
HOLE SIZE 		CEMENTING RECORD 		AMOUNT PULLED 	
24. LINER RECORD SIZE TOP BOTTOM SACKS CEMENT SCREEN		25. TUBING RECORD SIZE DEPTH SET PACKER SET		26. Perforation record (interval, size, and number) 6194' -6370' (oa) 1 spf = 72 holes	
27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED 6194-6370' (oa) Acid w/3500 gals 15% NEFE HCL		28. PRODUCTION			
Date First Production SI		Production Method (Flowing, gas lift, pumping - Size and type pump)		Well Status (Prod. or Shut-in) Shut In	
Date of Test		Prod'n For Test Period		Oil - Bbl Gas - MCF Water - Bbl. Gas - Oil Ratio	
Flow Tubing Press.		Casing Pressure		Calculated 24-Hour Rate	
29. Disposition of Gas (Sold, used for fuel, vented, etc.)		Oil - Bbl Gas - MCF Water - Bbl.		Oil Gravity - API - (Corr.)	
30. List Attachments		Test Witnessed By Jerry Rogers		31. I hereby certify that the information shown on both sides of this form as true and complete to the best of my knowledge and belief	
Signature <u>Vickie Smith</u>		Printed Name Vickie Smith		Title Production Analyst Date 05/20/2016	
E-mail Address vsmith@texpetro.com		<u>KZ</u>			

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico		Northwestern New Mexico	
T. Anhy	T. Canyon	T. Ojo Alamo	T. Penn. "B"
T. Salt	T. Strawn	T. Kirtland-Fruitland	T. Penn. "C"
B. Salt	T. Atoka	T. Pictured Cliffs	T. Penn. "D"
T. Yates	T. Miss	T. Cliff House	T. Leadville
T. 7 Rivers	T. Devonian	T. Menefee	T. Madison
T. Queen	T. Silurian	T. Point Lookout	T. Elbert
T. Grayburg	T. Montoya	T. Mancos	T. McCracken
T. San Andres	T. Simpson	T. Gallup	T. Ignacio Otzte
T. Glorieta	T. McKee	Base Greenhorn	T. Granite
T. Paddock	T. Ellenburger	T. Dakota	T.
T. Blinebry	T. Gr. Wash	T. Morrison	T.
T. Tubb	T. Delaware Sand	T. Todilto	T.
T. Drinkard	T. Bone Springs	T. Entrada	T.
T. Abo	T.	T. Wingate	T.
T. Wolfcamp	T.	T. Chinle	T.
T. Penn	T.	T. Permian	T.
T. Cisco (Bough C)	T.	T. Penn "A"	T.

OIL OR GAS SANDS OR ZONES

No. 1, from.....to.....
 No. 2, from.....to.....
 No. 3, from.....to.....
 No. 4, from.....to.....

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.....
 No. 2, from.....to.....feet.....
 No. 3, from.....to.....feet.....

LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness In Feet	Lithology	From	To	Thickness In Feet	Lithology
			SEE ORIGINAL COMPLETION				