

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources  
**HOBBS OGD**  
**OIL CONSERVATION DIVISION**  
MAY 02 2017  
1220 South St. Francis Dr.  
Santa Fe, NM 87505  
**RECEIVED**

Form C-103  
Revised August 1, 2011

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-025-35674
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Inj <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Texland Petroleum-Hobbs, LLC		6. State Oil & Gas Lease No. 25696
3. Address of Operator 777 Main Street, Suite 3200, Fort Worth, Texas 76102		7. Lease Name or Unit Agreement Name State "A" 29
4. Well Location Unit Letter <u>  N  </u> : <u>  110  </u> feet from the <u>  South  </u> line and <u>  1490  </u> feet from the <u>  West  </u> line Section <u>  29  </u> Township <u>  18S  </u> Range <u>  38E  </u> NMPM <u>  Lea  </u> County		8. Well Number #10
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3640'		9. OGRID Number 113315
		10. Pool name or Wildcat Hobbs; Upper Blinebry

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

**NOTICE OF INTENTION TO:**  
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

**SUBSEQUENT REPORT OF:**  
REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER:

OTHER: UIC Test ☒

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

Please see attached for the annual Bradenhead Test Report and Chart .

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Vickie Smith TITLE Regulatory Analyst DATE 5/1/2017

Type or print name Vickie Smith E-mail address: vsmith@texpetro.com PHONE: 575-433-8395

**For State Use Only**

APPROVED BY: [Signature] TITLE Compliance Officer DATE 5/4/17

Conditions of Approval (if any):