

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

Form C-103  
May 27, 2004

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

WELL API NO.  
30-025-35852

5. Indicate Type of Lease  
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
Bowers A Federal

8. Well Number 043

9. OGRID Number  
113315

10. Pool name or Wildcat  
Hobbs, Up Blinbry

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH  
PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other WIW

2. Name of Operator  
Texland Petroleum-Hobbs, LLC

3. Address of Operator  
777 Main Street, Suite 3200, Fort Worth, Texas 76102

4. Well Location

Unit Letter L: 1243 feet from the South line and 1015 feet from the West line  
Section 29 Township 18S Range 38E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application ☐ or Closure ☐

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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐ MIT 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Annual 5 yr MIT Test – See attached chart

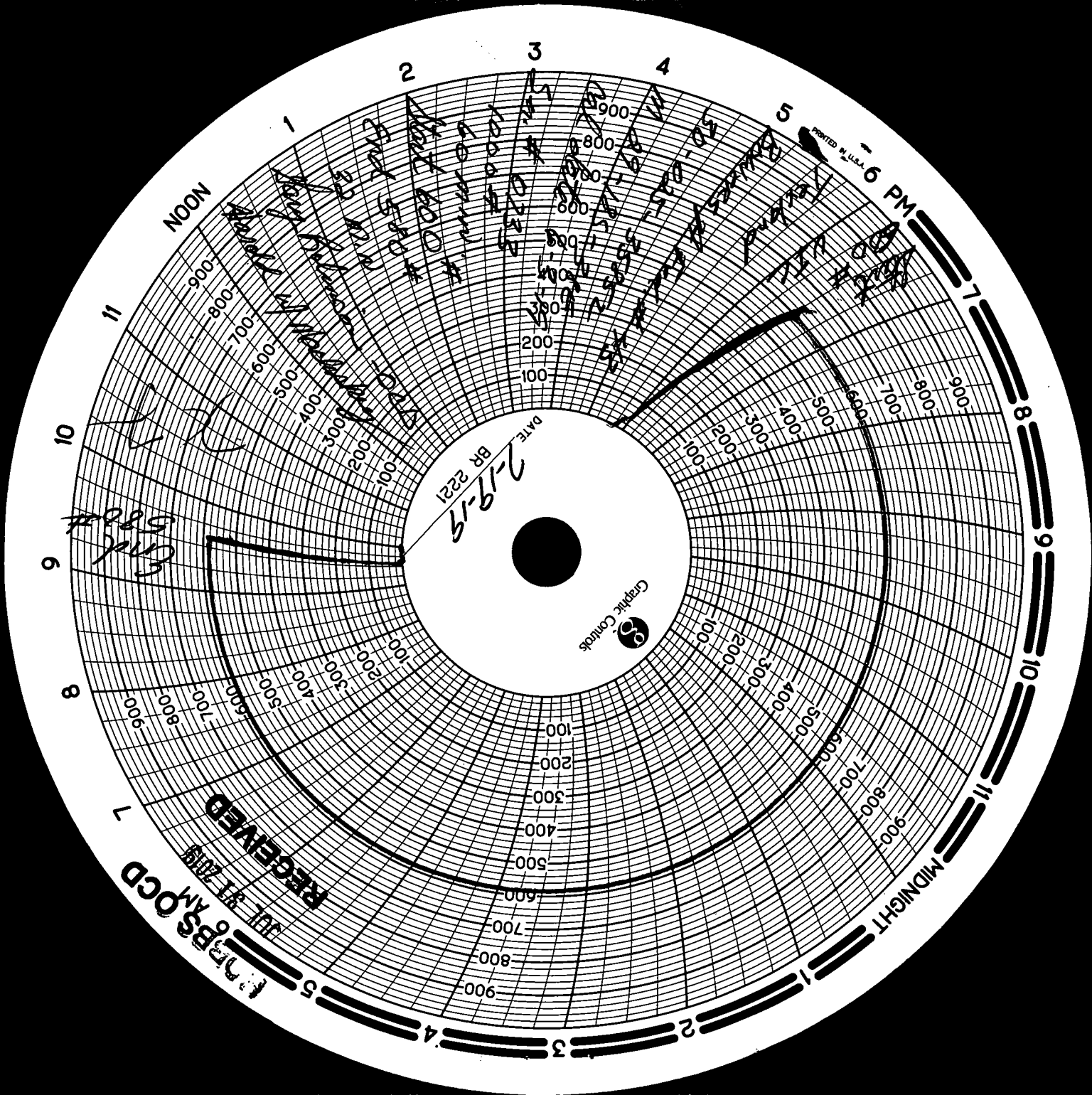
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Vickie Smith TITLE Regulatory Analyst DATE 7/31/2019

Type or print name Vickie Smith E-mail address: vsmith@texpetro.com Telephone No. 575-397-7450

For State Use Only

APPROVED BY: Kerry Forth TITLE Compliance Officer A DATE 8-1-19  
Conditions of Approval (if any):



State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <b>TEXLAND PETROLEUM-HOBBS, LLC</b>		API Number <b>30-025-35852-00-00</b>
Property Name <b>BOWERS A FEDERAL</b>		Well No. <b>043</b>

7. Surface Location

UL - Lot <b>L M</b>	Section <b>29</b>	Township <b>18-S</b>	Range <b>38-E</b>	Feet from <b>1243</b>	N/S Line <b>S</b>	Feet From <b>1015</b>	E/W Line <b>W</b>	County <b>LEA</b>
------------------------	----------------------	-------------------------	----------------------	--------------------------	----------------------	--------------------------	----------------------	----------------------

Well Status

TA'D Well YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR INJ <input checked="" type="radio"/> SWD <input type="radio"/>	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE <b>7/19/19</b>
--	--	--	---	------------------------

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>N/A</b>	<b>N/A</b>	<b>0</b>	<b>500</b>
Flow Characteristics					
Puff	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	CO2 <input type="checkbox"/>
Steady Flow	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	WTR <input checked="" type="checkbox"/>
Surges	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	GAS <input type="checkbox"/>
Down to nothing	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	If applicable type
Gas or Oil	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	fluid injected for
Water	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>	Waterflood

Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

**HOBBS OCD**  
**JUL 31 2019**  
**RECEIVED**

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date: <b>7/19/19</b>	Phone:	
Witness: <i>Grey Robinson</i>		