

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

Form C-103
Revised July 18, 2013

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

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.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name ALPHA DOG STATE
2. Name of Operator Texas Standard Operating NM LLC	8. Well Number 001H
3. Address of Operator 3300 North A Street Midland, TX 79705	9. OGRID Number 329818
4. Well Location Unit Letter <u>P</u> : <u>1000</u> feet from the <u>SOUTH</u> line and <u>330</u> feet from the <u>EAST</u> line Section <u>10</u> Township <u>17S</u> Range <u>36E</u> NMPM County <u>Lea</u>	10. Pool name or Wildcat WC-025 G-09 S173610P; UPPER PENN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3845'	

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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <u>Cancel Permit</u> <input checked="" type="checkbox"/>		OTHER: <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Spud Date: N/A Rig Release Date: N/A

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

SIGNATURE Timothy M. Roberson TITLE President DATE 1/20/21

Type or print name Timothy M. Roberson E-mail address: tim@txsoil.com PHONE: 713-655-1195
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____

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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 checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Texas Standard Operating NM LLC		6. State Oil & Gas Lease No. VC-0763; VC-0164; VC-9002; VC-9138
3. Address of Operator 3300 North A Street Midland, TX 79705		7. Lease Name or Unit Agreement Name ALPHA DOG STATE
4. Well Location Unit Letter P : 1000 feet from the SOUTH line and 994 feet from the EAST line Section 10 Township 17S Range 36E NMPM County Lea		8. Well Number 002H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3847'		9. OGRID Number 329818
		10. Pool name or Wildcat WC-025 G-09 S173610P; UPPER PENN

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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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: Cancel Permit <input checked="" type="checkbox"/>		OTHER: <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Spud Date: **N/A**

Rig Release Date: **N/A**

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

SIGNATURE Timothy M. Roberson TITLE President DATE 1/20/21

Type or print name Timothy M. Roberson E-mail address: tim@txsoil.com PHONE: 713-655-1195
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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 checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Texas Standard Operating NM LLC		6. State Oil & Gas Lease No. VC-0763; VC-0164; VC-9002; VC-9138
3. Address of Operator 3300 North A Street Midland, TX 79705		7. Lease Name or Unit Agreement Name ALPHA DOG STATE
4. Well Location Unit Letter O : 1000 feet from the SOUTH line and 1657 feet from the EAST line Section 10 Township 17S Range 36E NMPM County Lea		8. Well Number 003H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3848'		9. OGRID Number 329818
		10. Pool name or Wildcat WC-025 G-09 S1736100; UPPER PENN

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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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: Cancel Permit <input checked="" type="checkbox"/>		OTHER: <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Spud Date: **N/A** Rig Release Date: **N/A**

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

SIGNATURE **Timothy M. Roberson** TITLE **President** DATE **1/20/21**
Type or print name **Timothy M. Roberson** E-mail address: **tim@txsoil.com** PHONE: **713-655-1195**
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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 checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Texas Standard Operating NM LLC		6. State Oil & Gas Lease No. VC-0763; VC-0164; VC-9002; VC-9138
3. Address of Operator 3300 North A Street Midland, TX 79705		7. Lease Name or Unit Agreement Name ALPHA DOG STATE
4. Well Location Unit Letter O : 1000 feet from the SOUTH line and 2321 feet from the EAST line Section 10 Township 17S Range 36E NMPM County Lea		8. Well Number 004H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3851'		9. OGRID Number 329818
		10. Pool name or Wildcat WC-025 G-09 S1736100; UPPER PENN

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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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: Cancel Permit <input checked="" type="checkbox"/>		OTHER: <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Spud Date: **N/A** Rig Release Date: **N/A**

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

SIGNATURE **Timothy M. Roberson** TITLE **President** DATE **1/20/21**
Type or print name **Timothy M. Roberson** E-mail address: **tim@txsoil.com** PHONE: **713-655-1195**

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1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name ALPHA DOG STATE
2. Name of Operator Texas Standard Operating NM LLC	8. Well Number 005H
3. Address of Operator 3300 North A Street Midland, TX 79705	9. OGRID Number 329818
4. Well Location Unit Letter C : 300 feet from the NORTH line and 2316 feet from the WEST line Section 22 Township 17S Range 36E NMPM County Lea	10. Pool name or Wildcat WC-025 G-09 S173622C; UPPER PENN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3846'	

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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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: Cancel Permit <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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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 checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <u>Texas Standard Operating NM LLC</u>		6. State Oil & Gas Lease No. <u>VC-9002; VC-9138</u>
3. Address of Operator <u>3300 North A Street Midland, TX 79705</u>		7. Lease Name or Unit Agreement Name <u>ALPHA DOG STATE</u>
4. Well Location Unit Letter <u>C</u> : <u>300</u> feet from the <u>NORTH</u> line and <u>1653</u> feet from the <u>WEST</u> line Section <u>22</u> Township <u>17S</u> Range <u>36E</u> NMPM County <u>Lea</u>		8. Well Number <u>006H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3848'</u>		9. OGRID Number <u>329818</u>
		10. Pool name or Wildcat <u>WC-025 G-09 S173622C; UPPER PENN</u>

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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <u>Cancel Permit</u> <input checked="" type="checkbox"/>		OTHER: <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Spud Date: N/A Rig Release Date: N/A

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SIGNATURE Timothy M. Roberson TITLE President DATE 1/20/21

Type or print name Timothy M. Roberson E-mail address: tim@txsoil.com PHONE: 713-655-1195
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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 checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Texas Standard Operating NM LLC		6. State Oil & Gas Lease No. VC-0555; VC-9002; VC-9138
3. Address of Operator 3300 North A Street Midland, TX 79705		7. Lease Name or Unit Agreement Name ALPHA DOG STATE
4. Well Location Unit Letter L : 1420 feet from the SOUTH line and 992 feet from the WEST line Section 22 Township 17S Range 36E NMPM County Lea		8. Well Number 007H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3848'		9. OGRID Number 329818
		10. Pool name or Wildcat WC-025 G-09 S1736221; UPPER PENN

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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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: Cancel Permit <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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Spud Date: **N/A** Rig Release Date: **N/A**

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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 checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Texas Standard Operating NM LLC		6. State Oil & Gas Lease No. VC-0555; VC-9002; VC-9138
3. Address of Operator 3300 North A Street Midland, TX 79705		7. Lease Name or Unit Agreement Name ALPHA DOG STATE
4. Well Location Unit Letter L : 1420 feet from the SOUTH line and 330 feet from the WEST line Section 22 Township 17S Range 36E NMPM County Lea		8. Well Number 008H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3849'		9. OGRID Number 329818
		10. Pool name or Wildcat WC-025 G-09 S173622L; UPPER PENN

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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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: Cancel Permit <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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Spud Date: **N/A**

Rig Release Date: **N/A**

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Phone:(505) 334-6178 Fax:(505) 334-6170

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Phone:(505) 476-3470 Fax:(505) 476-3462

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Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 15527

CONDITIONS OF APPROVAL

Operator:	OGRID:	Action Number:	Action Type:
TEXAS STANDARD OPERATING NM LL Building One, Suite 105 Midland, TX79705	329818	15527	C-103C

OCD Reviewer	Condition
pkautz	None