

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

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

|                                                                                                                                                                                                                       |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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<br><b>ALPHA DOG STATE</b>      |
| 2. Name of Operator<br><b>Texas Standard Operating NM LLC</b>                                                                                                                                                         | 8. Well Number<br><b>007H</b>                                       |
| 3. Address of Operator<br><b>3300 North A Street Midland, TX 79705</b>                                                                                                                                                | 9. OGRID Number<br><b>329818</b>                                    |
| 4. Well Location<br>Unit Letter <b>L</b> : <b>1420</b> feet from the <b>SOUTH</b> line and <b>992</b> feet from the <b>WEST</b> line<br>Section <b>22</b> Township <b>17S</b> Range <b>36E</b> NMPM County <b>Lea</b> | 10. Pool name or Wildcat<br><b>WC-025 G-09 S1736221; UPPER PENN</b> |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br><b>3848'</b>                                                                                                                                                    |                                                                     |

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: <b>Cancel Permit</b> <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): \_\_\_\_\_

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
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**District IV**  
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Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
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**Santa Fe, NM 87505**

CONDITIONS

Action 15534

**CONDITIONS OF APPROVAL**

|                                                                               |           |                |              |
|-------------------------------------------------------------------------------|-----------|----------------|--------------|
| Operator:                                                                     | OGRID:    | Action Number: | Action Type: |
| TEXAS STANDARD OPERATING NM LL<br>Building One, Suite 105<br>Midland, TX79705 | 329818    | 15534          | C-103C       |
| 3300 North A Street                                                           |           |                |              |
| OCD Reviewer                                                                  | Condition |                |              |
| pkautz                                                                        | None      |                |              |