

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. 30-025-35672
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 25696
7. Lease Name or Unit Agreement Name State 1.29
8. Well Number 7
9. OGRID Number
10. Pool name or Wildcat Hobbs: Upper Blinberry
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3647

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 ☐ Gas Well ☐ Other ☒ **INS**

2. Name of Operator
Texland Petroleum - Hobbs, L.L.C.

3. Address of Operator
777 Main #3200 Ft Worth, Tx. 76102

4. Well Location
Unit Letter **P** : **140** feet from the **South** line and **1200** feet from the **EAST** line
Section **29** Township **18S** Range **38E** NMPM County **LEA**

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type **NA** 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: ☐

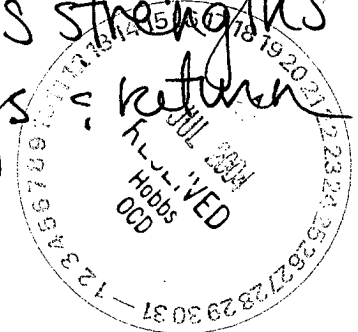
SUBSEQUENT REPORT OF:

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

OTHER: ☐

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.

Pump 10,000 bbls of marcit polymer gel into perfs 5891-5960 at various strengths to reduce injectivity. SI 7 days = return to injection.



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 **Diane Harber** TITLE **Regulatory assistant** DATE **7.16.04**
Type or print name **Diane Harber** E-mail address: _____ Telephone No. **817-3362751**
For State Use Only

APPROVED BY: **Larry W. Wink** TITLE **OCD FIELD REPRESENTATIVE II/STAFF MANAGER** DATE **JUL 23 2004**
Conditions of Approval (if any): _____