

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

RECVD 11/12/20

Form C-103
May 27, 2004

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

WELL API NO. 30-025-41960
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name XTO 9 State
8. Well Number #1
9. OGRID Number 113315
10. Pool name or Wildcat Lovington, ABO

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"/>	
2. Name of Operator Texland Petroleum-Hobbs, LLC	
3. Address of Operator 777 Main Street, Suite 3200, Fort Worth, Texas 76020	
4. Well Location Unit Letter <u>B</u> : <u>150</u> feet from the <u>North</u> line and <u>2310</u> feet from the <u>East</u> line Section <u>9</u> Township <u>17S</u> Range <u>36E</u> NMPM <u>Lea</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3863' GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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 <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: TA extension
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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.

Texland Petroleum-Hobb TA'd this well as follows:

11/10/20 The CIBP is set @ 8282' w/5 sks cmt plug
Circ hole and pressure test csg to 500 psi/30 min.
See attached chart and Bradenhead Test Report.

FINAL TA STATUS- EXTENSION
Approval of TA EXPIRES: 11/11/22
Well needs to be **PLUGGED OR RETURNED**
to **PRODUCTION**
BY THE DATE STATED ABOVE: X 7

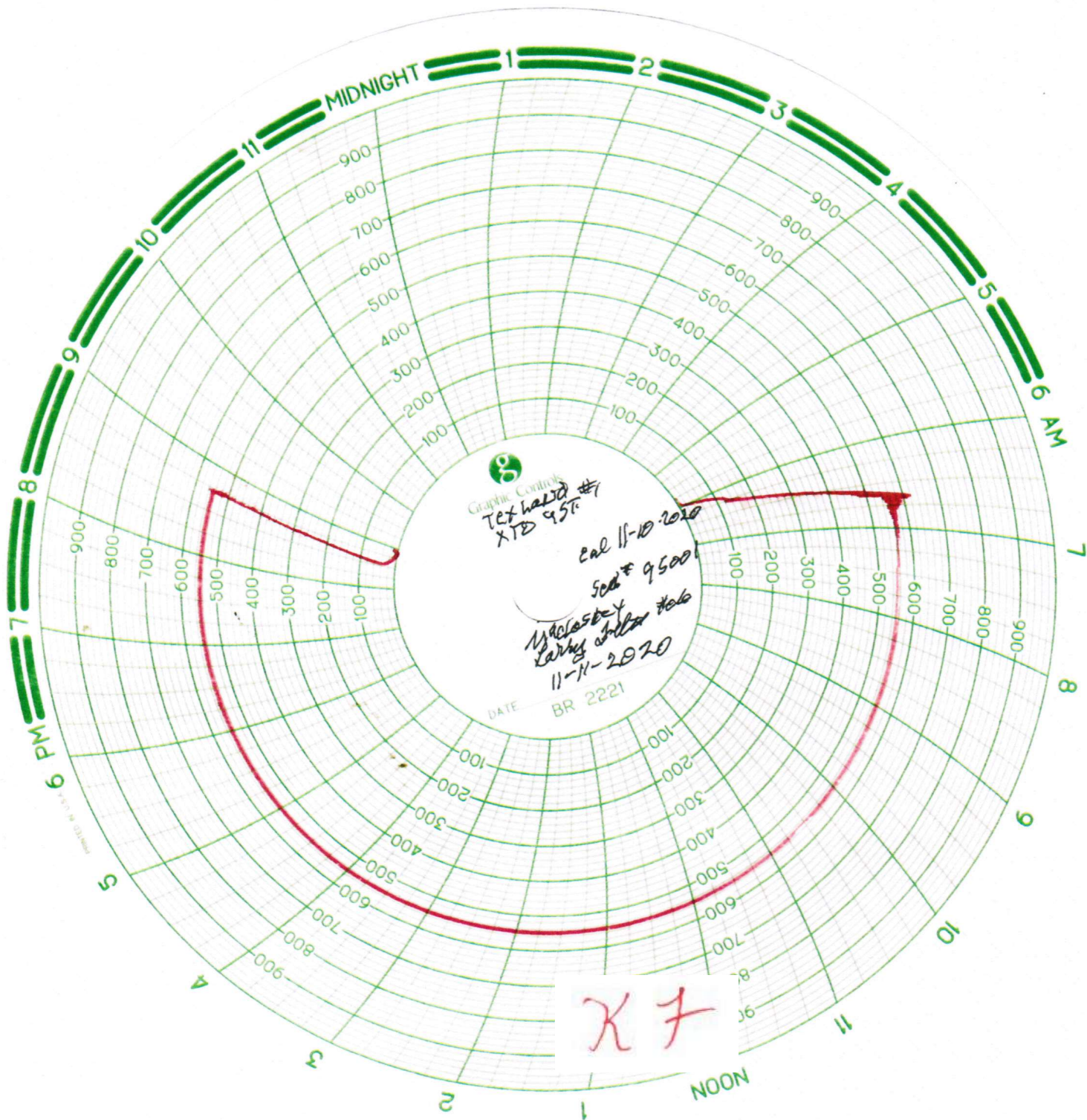
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Vickie Smith TITLE Regulatory Analyst DATE 11/12/2020

Type or print name Vickie Smith E-mail address: vsmith@texpetro.com Telephone No. 575-433-8395
For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 11/30/20
Conditions of Approval (if any):

12/1/2020 - PM NMOCD



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

BRADENHEAD TEST REPORT

Operator Name Texland Petroleum-Hobbs, LLC	API Number 30-025-41960
Property Name XTO 9 State	Well No. #1

2. Surface Location

UL - Lot B	Section 9	Township 17S	Range 36E	Feet from 150	N/S Line N	Feet From 2310	E/W Line E	County Lea
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Well Status

<input checked="" type="radio"/> YES TA'D WELL NO	<input checked="" type="radio"/> YES SHUT-IN NO	INJ	INJECTOR	SWD	<input checked="" type="radio"/> OIL PRODUCER GAS	DATE 11-11-20
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	10	N/A		0	0
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	CO2 _____
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR _____
Surges	Y/N	Y/N	Y/N	Y/N	GAS _____
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of Fluid
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood if
					applies

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

Signature: Vickie Smith	OIL CONSERVATION DIVISION
Printed name: Vickie Smith	Entered into RBDMS
Title: Regulatory Analyst	Re-test
E-mail Address: vsmith@texpetro.com	X F
Date: 11/12/20	
Phone: 575-433-8395	
Witness: CCO not signed	

INSTRUCTIONS ON BACK OF THIS FORM