

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

HOBBS OCD
FEB 21 2014
 State of New Mexico
 Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
 RECEIVED
 220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 May 27, 2004

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"/>		WELL API NO. 30-025-41474 ✓																				
2. Name of Operator Texland Petroleum-Hobbs, LLC		5. Indicate Type of Lease STATE X FEE																				
3. Address of Operator 777 Main Street, Suite 3200, Fort Worth, Texas 76020		6. State Oil & Gas Lease No. B-8197																				
4. Well Location Unit Letter <u>I</u> : <u>2380</u> feet from the <u>South</u> line and <u>840</u> feet from the <u>East</u> line Section <u>3</u> Township <u>17S</u> Range <u>36E</u> NMPM <u>Lea</u> County		7. Lease Name or Unit Agreement Name CP 3 State ✓																				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3857.0' GR		8. Well Number #2 ✓																				
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 _____		9. OGRID Number 113315 ✓																				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data <table border="0"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>P AND-A <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>MULTIPLE COMPL <input type="checkbox"/></td> <td>CASING/CEMENT JOB <input checked="" type="checkbox"/></td> <td>X</td> </tr> <tr> <td>OTHER: <input type="checkbox"/></td> <td></td> <td>OTHER: _____</td> <td>Spud <input checked="" type="checkbox"/></td> </tr> </table>		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 checked="" type="checkbox"/>	X	OTHER: <input type="checkbox"/>		OTHER: _____	Spud <input checked="" type="checkbox"/>	10. Pool name or Wildcat Lovington, ABO
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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.

OCD notified
 MI & RU rotary rig; spud well @4:30 am 1/27/14;

1/30/14 TD 12 1/4" hole @ 2010'
 Ran 46 jts 8 5/8" 24# J55 STC csg, Set @ 2010'
 Cmt'd w/700 sks 35:65:6 Poz C w/3% salt (12.8 ppg & 1.86 yd)
 Tail in w/250 sks Cl "C" w/1% CaCl (14.8 ppg & 1.34 yd)
 PD @ 3:00 pm 1/30/14, Circ 100 bbls to pit
 WOC 18 hrs, test csg to 1200# for 30 min, Held ok
 OCD notified

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 2/19/14

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

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE MAR 19 2014
 Conditions of Approval (if any): _____

MAR 19 2014