

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

Form C-103
 May 27, 2004

RECEIVED
APR 17 2014

WELL API NO. 30-025-41533
5. Indicate Type of Lease STATE FEE X
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name J.R. Holt
8. Well Number #3
9. OGRID Number 113315
10. Pool name or Wildcat Shipp, Strawn

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

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 D : 830 feet from the North line and 1060 feet from the West line
 Section 2 Township 17S Range 37E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3761.0' GR

Pit or Below-grade Tank Application or Closure

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:		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"/>	
OTHER: <input type="checkbox"/>		OTHER: _____	TD <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

TD 7 7/8" hole @ 11,750' @ 5:30 pm 4/8/14

4/10/14 Ran 267 jts 5 1/2" 17# L80 csg, Set @ 11,750'
 Cmtd 1st Stage w/130 sks 50:50:10 Poz CI "H" w/5% salt, 3# LCM-1 & .3% FL52A (11.8 ppg & 2.45 yd), Tail in w/450 sks 15:61:11 Poz CI "C" CSE-2 w/4% salt, #3 LCM-1 & .5% FL52-A, circ 45 bbls
 Cmtd 2nd Stage w/650 sks 50:50:10 Poz CI "C" gel w/5% salt, 3# LCM-1, .5% FLS2-A, .5% FI25 & .2% SMS (11.8 ppg, 2.45 yd); Tail in w/575 sks 15:61:11 Poz "C" CSE-2 w/4% salt, 3# LCM-1, .5% FL52-A, .5% FL25 & .2% SMS (13.2 ppg, 1.62 yd)
 PD @ 2:00 pm 4/12/14, circ 60 bbls t pit
 RR @ 5:00 am 4/13/14

OCD notified but not present

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 4/16/14

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 APR 21 2014

Conditions of Approval (if any):

APR 21 2014