

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. 30-025-37372
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

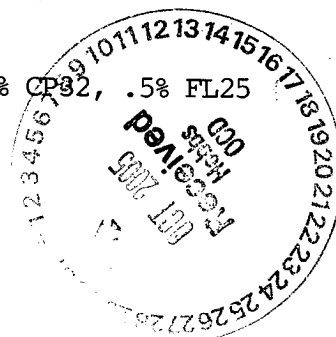
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	7. Lease Name or Unit Agreement Name Murphy
2. Name of Operator Texland Petroleum-Hobbs, LLC	8. Well Number #1
3. Address of Operator 777 Main Street, Suite 3200, Fort Worth, TX 76102	9. OGRID Number 113315
4. Well Location Unit Letter G : 1705 feet from the North line and 2220 feet from the East line Section 30 Township 16S Range 38E NMPM Lea County	10. Pool name or Wildcat Garrett Drinkard
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3745' 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: _____ mill 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 type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: test zone <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.

9/29/05 Set rig anchors, MI Completion Unit, Nu BOP
9/30/05 Perf 8432, 37, 41, 48, 8451', 2 spf, total 10 holes, SDF weekend
10/3/05 Spot acid across perfs 8432-8451', form broke @ 2530#
Acdz w/1200 gals 15% NEFE HCl & 20 BS, flush w/52 BFW
RU to swab, IFL @ 300', SDFN, left well open to tank
10/4-5-05 Continue to swab well, no shows
10/6/05 TIH w/cmt retainer, set @ 8400', RU BJ Serv
Cmt squeeze perfs 8432-8551' w/34 sks Cl "C" w/.2% CP32, .5% FL25
Displace 39 BFW, FP 2150#, SITP 2050#
Squeeze job finished, moved up hole



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 Production Analyst DATE 10/26/05

Type or print name Vickie Smith
For State Use Only

E-mail address: vsmith@texpetro.com Telephone No. 817-336-2751

APPROVED BY: [Signature] TITLE PETROLEUM ENGINEER DATE _____