

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources
HOBBS OCD
OIL CONSERVATION DIVISION
 MAY 09 2017
RECEIVED
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised August 1, 2011

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.)		WELL API NO. 30-025-35674
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Inj <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Texland Petroleum-Hobbs, LLC		6. State Oil & Gas Lease No. 25696
3. Address of Operator 777 Main Street, Suite 3200, Fort Worth, Texas 76102		7. Lease Name or Unit Agreement Name State "A" 29
4. Well Location Unit Letter <u> </u> N <u> </u> : <u> 110 </u> feet from the <u> </u> South <u> </u> line and <u> 1490 </u> feet from the <u> </u> West <u> </u> line Section <u> 29 </u> Township <u> 18S </u> Range <u> 38E </u> NMPM <u> </u> Lea <u> </u> County		8. Well Number #10
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3640'		9. OGRID Number 113315
		10. Pool name or Wildcat Hobbs; Upper Blinebry

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"/> DOWNHOLE COMMINGLE <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:		OTHER: UIC Test <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Please see attached for the annual Bradenhead Test Report and Chart .

Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Vickie Smith TITLE Regulatory Analyst DATE 5/1/2017

Type or print name Vickie Smith E-mail address: vsmith@texpetro.com PHONE: 575-433-8395

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 5/4/17
 Conditions of Approval (if any):