

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
 JUN 21 2017
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 May 27, 2004

RECEIVED

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. 30-025-43660
2. Name of Operator Texland Petroleum-Hobbs, LLC		5. Indicate Type of Lease STATE FEE X /
3. Address of Operator 777 Main Street, Suite 3200, Fort Worth, Texas 76020		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>D</u> : <u>582</u> feet from the <u>North</u> line and <u>1154</u> feet from the <u>West</u> line Section <u>11</u> Township <u>17S</u> Range <u>37E</u> NMPM <u>Lea</u> County		7. Lease Name or Unit Agreement Name Night Wing
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3752.5' GR		8. Well Number #1
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		10. Pool name or Wildcat Shipp, Strawn (55695)

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"/>		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 XX	
OTHER: _____		OTHER: SPUD XX	

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 of spud
 MI & RU rotary rig; spud well @ 6:00 am 6/12/17

6/14/17 TD 14 3/4" hole @ 2169'
 Ran 48 jts 11 3/4" J55 BTC csg, Set @ 2169'
 Cmt w/800 sks 35:65 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 @ 4:30 am 6/15/17, circ 100 bbls to pit
 WOC 18 hrs, test csg to 1000#, held ok, 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 6/16/2017

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

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 06/23/17
 Conditions of Approval (if any): _____