

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88110
 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

HOBBS OCD
JUN 21 2017
RECEIVED

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

WELL API NO. 30-025-43660
5. Indicate Type of Lease STATE FEE X ✓
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Night Wing ✓
8. Well Number #1 ✓
9. OGRID Number 113315 ✓
10. Pool name or Wildcat Shipp, Strawn (55695)

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 : 582 feet from the North line and 1154 feet from the West line
 Section 11 Township 17S Range 37E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3752.5' 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"/>	XX
OTHER: _____		OTHER: _____	

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 11" hole @ 4560' @ 9:00 am 6/18/17
 Ran 107 jts 8 5/8" 32# J55 LTC csg, Set @ 4560'
 Cmtd w/870 sks 35:65:6 Poz "C" gel w/5% salt (12.5 ppg & 2.04 yd)
 Tail in w/200 sks CL "C" w/3% R3 (14.8 ppg & 1.33 yd)
 PD @ 7:15 pm 6/18/17, circ 175 bbls to pit
 WOC 18 hrs, test csg to 1000# for 30 min, 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 6/21/2017

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 06/27/17
 Conditions of Approval (if any): _____