

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

HOBBS OGD  
 NOV 6 2017  
 RECEIVED

WELL API NO. 30-02541960
5. Indicate Type of Lease STATE X FEE
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name XTO 9 State
8. Well Number #1
9. OGRID Number 113315
10. Pool name or Wildcat Lovington, ABO
11. Elevation (Show whether DR, RKB, KT, GR, etc.) 3863' 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: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 B : 150 feet from the North line and 2310 feet from the East line  
 Section 9 Township 17S Range 36E NMPM Lea County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input checked="" type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB</p> <p>OTHER: <input type="checkbox"/></p>
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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.

Texland Petroleum-Hobb TA'd this well as follows:

10/24/17 TIH w/CIBP and set @ 8282' w/5 sks cmt plug  
 Circ hole and pressure test csg to 500 psi/30 min.  
 See attached chart and Bradenhead Test Report.

This Approval of Temporary Abandonment Expires 10/24/2020 PM ✓

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 11/1/17

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

**For State Use Only**

APPROVED BY: Maley Brown TITLE AO/II DATE 11/6/2017  
 Conditions of Approval (if any):

RDMS - CHART - ✓

PRINTED IN U.S.A. 6 PM

MIDNIGHT

Graphic Controls

10-24-12

XTO ST. #9

DATE BR 2221

START

end

~~HA~~  
Tuxland  
XTO ST. #9

NO. 025-4980  
B-9-175-3600

Calib. Date - 1/1/11  
1000 #  
JEN # 95001

PRIMER  
#025-7000  
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#025-7000

EMERSON  
SERIAL #

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NOV 06 2017

State of New Mexico  
 Energy, Minerals and Natural Resources Department  
 Oil Conservation Division Hobbs District Office

**RECEIVED**

**BRADENHEAD TEST REPORT**

Operator Name <b>TEXLAND</b>	* API Number <b>30-025-41960</b>
Property Name <b>XTO 9 ST.</b>	Well No. <b>1</b>

**7. Surface Location**

UL Spot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>8</b>	<b>9</b>	<b>17S</b>	<b>36E</b>	<b>150</b>	<b>N</b>	<b>2310</b>	<b>E</b>	<b>LCA</b>

**Well Status**

<input checked="" type="checkbox"/> YES	TA'D WELL	NO	<input checked="" type="checkbox"/> YES	SHUT-IN	NO	INJ	INJECTOR	SWD	<input checked="" type="checkbox"/> OIL	PRODUCER	GAS	DATE <b>10/24/17</b>
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**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	$\phi$	—	—	$\phi$	$\phi$
<b>Flow Characteristics</b>					
Pull	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	CO2 —
Steady Flow	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	WTR —
Surges	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	GAS —
Down to nothing	<input checked="" type="checkbox"/> Y / N	Y / N	Y / N	<input checked="" type="checkbox"/> Y / N	Type of Fluid
Gas or Oil	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	Injected for
Water	Y / <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / <input checked="" type="checkbox"/> N	Waterflood if
					applies

Remarks – Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <b>10/24/17</b>	Phone:
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM