

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 87422  
 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**  
**RECEIVED**  
**JUN 13 2019**

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

WELL API NO. 30-025-22915
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> X
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name W.D. Grimes (NCT-A)
8. Well Number #18
9. OGRID Number 113315
10. Pool name or Wildcat Hobbs, Upper Blinebry

**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 F: 1650 feet from the North line and 2080 feet from the West line  
 Section 32 Township 18S Range 38E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3637'

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

<b>NOTICE OF INTENTION TO:</b> 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"/>		<b>SUBSEQUENT REPORT OF:</b> 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: request TA extension <input checked="" type="checkbox"/> X	

√ P.M.

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.

TA status expires 6/20/19  
 CIBP is set @ 5728' w/2 sks cmt on top of plug

6/12/19 Pressure tested csg to 580# for 60 min, Held ok (see chart attached)  
 Texland Petroleum-Hobbs is requesting to extend the TA status until a final evaluation is made.

This Approval of TA EXPIRES: 6-12-20  
**FINAL TA STATUS EXTENSION -**  
 Well needs to be **PLUGGED** or **RETURNED** to **PRODUCTION**

I hereby certify that the information above is true and complete and that a below-grade tank has been/will be constructed or closed according to NMO

BY THE DATE STATED ABOVE: X 7  below-lan

SIGNATURE Vickie Smith TITLE Regulatory Analyst DATE 6/13/19

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

APPROVED BY: Kerry Fisher TITLE Compliance Officer A DATE 6-28-19  
 Conditions of Approval (if any): \_\_\_\_\_



District 1  
 1625 N. French Dr., Hobbs, NM 88240  
 Phone: (575) 393-6161 Fax: (575) 393-0720

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

**BRADENHEAD TEST REPORT**

<b>Operator Name</b> TEXLAND PETROLEUM-HOBBS, LLC		<b>API Number</b> 30-025-22915-00-00
<b>Property Name</b> W D GRIMES NCT A		<b>Well No.</b> 018

**7. Surface Location**

UL - Lot F	Section 32	Township 18-S	Range 38-E	Feet from 1650	N/S Line N	Feet From 2080	E/W Line W	County LEA
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**Well Status**

TA'D Well <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHUT-IN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INJECTOR INJ SWD	PRODUCER <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS	DATE 6/12/19
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**OBSERVED DATA**

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	0	0	—	0	TA
<b>Flow Characteristics</b>					
Puff	Y/N	Y/N	Y/N	Y/N	CO2 _____
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR _____
Surges	Y/N	Y/N	Y/N	Y/N	GAS _____
Down to nothing	Y/N	Y/N	Y/N	Y/N	If applicable type
Gas or Oil	Y/N	Y/N	Y/N	Y/N	fluid injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood

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

**TA STATUS TEST**  
 (Larry) MacLuskey  
 Ser # 0733  
 Cal 6-3-19  
 Start 580# End 580#

Signature:	<b>OIL CONSERVATION DIVISION</b>
Printed name:	Entered into RBDMS
Title:	Re-test 
E-mail Address:	
Date: 6/12/19	Phone:
Witness: Kerry Fortner O.C.D.	

399-3221