

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

WELL API NO. 30-025-27467
5. Indicate Type of Lease STATE x FEE
6. State Oil & Gas Lease No. L-990
7. Lease Name or Unit Agreement Name West Knowles
8. Well Number #9
9. OGRID Number 113315
10. Pool name or Wildcat Knowles, West (Drinkard)

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 E : 1980 feet from the North line and 660 feet from the West line
 Section 35 Township 16S Range 37E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3768' 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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>OTHER: _____</p>	<p>SUBSEQUENT REPORT OF:</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 <input type="checkbox"/></p> <p>OTHER: TA extension</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-Hobbs request approval to extend the TA status of this well.
 Please see the attached integrity chart.
 Texland purchased this well bore to be part of a water flood project we are currently working on and request this approval to give us time to complete the project.

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 9/10/19
 Type or print name Vickie Smith E-mail address: vsmith@texpetro.com Telephone No. 575-433-8395

For State Use Only
 APPROVED BY: Rick Rickman TITLE A/O 1 DATE 9-13-19
 Conditions of Approval (if any): _____

FINAL TA STATUS- EXTENSION
 Approval of TA EXPIRES: 3-31-2020
 Well needs to be PLUGGED OR RETURNED to PRODUCTION
 BY THE DATE STATED ABOVE: _____

District I
 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

Operator Name TEXLAND PETROLEUM-HOBBS, LLC	API Number 30-025-27467-00-00
Property Name WEST KNOWLES	Well No. 009

Surface Location

UL - Lot E	Section 35	Township 16-S	Range 37-E		Feet from 1980	N/S Line N	Feet From 660	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 9/6/19
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OBSERVED DATA

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

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

MIT

MacLuskey (Larry)
 Ser # 500-7150-1806
 CAL 9-1-19
 START 540#
 End 540#

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	RR
Date: 9/6/19	Phone:
Witness: Kerry Fortner - OCD 575-399-3221	