Submit 3 Copies To Appropriate Distri			Form C-103 May 27, 2004	
1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1220 South St. Francis Dr.			WELL API NO.	ጎ
			30-025-37930	_
			5. Indicate Type of Lease STATE FEE	- 1
1000 Rio Brazos Rd., Aziec, NM 87410 District IV Santa Fe, NM 87505			STATE X FEE 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM	·		VO-7377	İ
87505	OTICES AND REPORTS ON	WELLS	7. Lease Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PR DIFFERENT RESERVOIR. USE "A	OPOSALS TO DRILL OR TO DEEPE PPLICATION FOR PERMIT" (FORM	Texland 3 State		
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well XXOther TA	8. Well Number #1	\dashv	
2. Name of Operator		9. OGRID Number	\dashv	
Texland Petroleum-Hobbs, LLC			113315	
3. Address of Operator 777 Main Street, S	uite 3200, Fort Worth,	Texas 76120	10. Pool name or Wildcat Lovington San Andres	
4. Well Location		4,		7
Unit Letter O	: 990 feet from the			,
Section 3	Township 17		NMPM Lea County	
	11. Elevation (Show whe		etc.)	
Pit or Below-grade Tank Application	or Closure	3865'		7
Pit type Depth to Gro	undwaterDistance from near	est fresh water well	Distance from nearest surface water	
Pit Liner Thickness:	mil Below-Grade Tank: Volu		Construction Material	1
12 Che	ck Appropriate Box to Ind			
NOTICE O PERFORM REMEDIAL WORL TEMPORARILY ABANDON PULL OR ALTER CASING	F INTENTION TO: K PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	REMEDIAL W	ORILLING OPNS. P AND A	3
OTHER:		OTHER:	request TA	5
13. Describe proposed or	completed operations. (Clearly	state all pertinent details,	and give pertinent dates, including estimated d	ate
of starting any propos or recompletion.	ed work). SEE RULE 1103. Fo	or Multiple Completions:	Attach wellbore diagram of proposed completi	ion
	set @ 4651' w/20' Cl ' sure tested csq to 500		d ok (see attached chart)	
Por VS	j			•
Reque	esting TA status until	a final evaluation	on can be made.	
			a1920212223	
	•		TING TOPES	
		1 1 :	20 8	
		0 0 1 1 1 1	SOLAT IN THE COUNTY OF THE COU	
Th	is Approval of Tempora	8	E Recipe	
11	nis Approval of Laboratorial Approval of Laboratorial Control of C		E GO HOUSE	
~	Jane			
			90mo7.	
I hereby certify that the inform grade tank has been/will be constructed.	ation above is true and complete ted or closed according to NMOCD g	to the best of my knowle	edge and belief. I further certify that any pit or below on an (attached) alternative OCD-approved plan	
SIGNATURE Viel	I Smill	ITLE Production	Analyst DATE 8/11/06	
Type or print name Vickie	e Smith	vsmith@texpe	etro.com 817-336-27	751
For State Use Only	Q **		NTATIVE IUSTAFF MANAGER No. DATE AUG 2 2	
	11 1.0	OC FIELD REPRESE	1 4 4 2 2 4 4 2 4 4 4 4 4 4 4 4 4 4 4 4	
APPROVED BY: AM	<i>れ</i> しカルノルピカ T	ITLE	DATE AUG 2 2	

