

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. 30-025-38435
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Shelton
8. Well Number #1
9. OGRID Number 113315
10. Pool name or Wildcat Garrett 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator Texland Petroleum-Hobbs, LLC	
3. Address of Operator 777 Main Street, Suite 3200, Fort Worth, Texas 76102	
4. Well Location Unit Letter <u>F</u> : <u>1340</u> feet from the <u>North</u> line and <u>1872</u> feet from the <u>South</u> line Section <u>29</u> Township <u>16S</u> Range <u>38E</u> NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3735'	
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 _____	

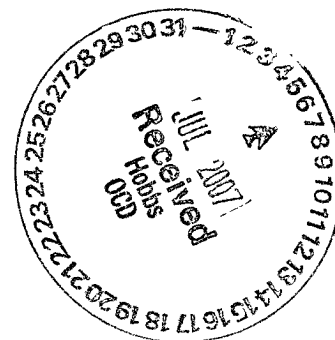
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: 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"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: 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 checked="" type="checkbox"/> OTHER: <u>Sand</u> <input checked="" type="checkbox"/>
--	---

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.

Spudded well @ 9:15 am 6-21-07

6/25/07 TD 12 1/4" hole @ 2145'
Ran 50 jts 8 5/8" 24# J55 STC csg, Set @ 2145'
Cmtd w/700 sks 35:65:6 Pox Cl "C" (12.4 ppg, 2.52 yd)
+ 250 sks Cl "C" w/2% CaCl (14.8 ppg, 1.34 yd)
PD @ 10:00 am, 6/24/07, Circ 130 bbls to pit
WOC 12 hrs, Test csg to 500 psi for 30 min - Held ok



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 NMOC guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Vickie Smith TITLE Production Analyst DATE 7/3/07

Type or print name Vickie Smith E-mail address: vsmith@texpetro.com Telephone No. 817-336-2751
For State Use Only OC FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY: Gay W. Wink TITLE _____ DATE JUL 09 2007
Conditions of Approval (if any):