

State of New Mexico
Energy, Minerals and Natural Resources

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

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-005-20826
2 Name of Operator Texas ReExploration Operating, L C		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 3300 North A, Bldg 1-234, Midland, TX 79705		6. State Oil & Gas Lease No. LG 2464
4 Well Location E 1980 FNL & 660 FWL Unit Letter _____ feet from the _____ line and _____ feet from the _____ line Section 36 Township 7S Range 31E NMPM County		7. Lease Name or Unit Agreement Name Loveless LQ State
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4383' GL		8 Well Number #3 9. OGRID Number 241908 10. Pool name or Wildcat Tomahawk <i>San Andres</i>
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 _____		

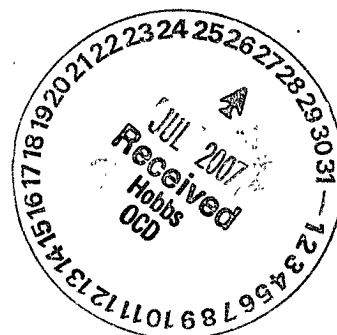
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

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 type="checkbox"/> OTHER: Restore Well to Production <input checked="" type="checkbox"/>	
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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.

3/26/07 - 3/27/07: MIRU pulling unit POOH with rods and pmp. PU new pmp and RIH. Seat pmp, load well and test. Put well on production.

24 hour test 1.5 BO x 0 MCF x 33 BW



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 *Don C Brooks* TITLE *Vice President - Engr.* DATE *7/25/07*

Type or print name

E-mail address: *dbrooks@tex-rex.com* Telephone No. *432-6182202*

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APPROVED BY: *Chris Williams* TITLE *OCD DISTRICT SUPERVISOR/GENERAL MANAGER* DATE *AUG 1 - 2 2007*

Conditions of Approval (if any):