

RECEIVED

APR 05 2011

HOBBS

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-39977

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

Parker 23

8. Well Number

#3H

9. OGRID Number

113315

10. Pool name or Wildcat

East 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 ☒ 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 O : 390 feet from the South line and 2280 feet from the East lineSection 23 Township 16S Range 38E NMPM Lea County 

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

3695' 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

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☒OTHER: ☐

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.

MI &amp; RU rotary rig, resume drlg @ 4:30 3/10/11

3/12/11

TD 12 1/4" hole @ 2152'

Ran 52 jts 9 5/8" 36# J55 STC csg, Set @ 2152'

Cmtd w/600 sks 35:65:6 Poz C w/3% salt (12.5 ppg &amp; 1.99 yd)

Tail in w/250 sks Cl "C" w/1% CaCl (14.8 ppg &amp; 1.33 yd)

PD @ 11:45 am 3/12/11, Circ 8 bbls to pit

WOC 18 hrs, test csg to 1200# 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 NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.SIGNATURE Vickie Smith TITLE Regulatory Analyst DATE 4/1/11Type or print name Vickie SmithE-mail address: vsmith@texpetro.comTelephone No. 575-397-7450

For State Use Only

APPROVED BY: [Signature] TITLE STATE MGR DATE 4-6-2011

Conditions of Approval (if any):

Office

Energy, Minerals and Natural Resources

May 27, 2004

District I

1625 N. French Dr., Hobbs, NM 87405

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87401

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

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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 \_\_\_\_\_

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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.

3/26/11

TD 8 3/4" hole @ 8400'

Ran 193 jts 7" 23# P-110 csg, Set @ 8400'

Cmtd w/1600 sks 35:65:6 POZ Cl "H" w/2% FL-52 (12.4 ppg &amp; 1.99 yd)

Tail in w/250 sks 15:61:11 POZ Cl "C" CSE-2 w/5% Sodium Chloride +.5% FL-25 + .5% FL-52 (13.2 ppg &amp; 1.63 yd)

PD @ 8:00 pm 3/26/11, Circ 83 bbls to pit

RR @ 5:00 am 3/27/11, WO rig to cut window &amp; continue lateral drlg

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 4/1/11Type or print name Vickie SmithE-mail address: vsmith@texpetro.comTelephone No. 575-397-7450**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any): \_\_\_\_\_