Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103
District I 1625 N. French Dr., Hobbs, NM 87240				WELL API NO.	Revised March 25, 1999
District II 811 South First, Artesia, NM 87210				5 T 1' - T	30-025-23221
District III	2040 South Pacheco			5. Indicate Type of	The state of the s
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & G		
2040 South Pacheco, Santa Fe, NM 87505				28992	as Lease No.
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 X Gas Well Other				H.D. McKinley	Unti Agreement Name
2. Name of Operator Texland Petroleum - Hobbs, L.L.C				8. Well No. 9	
3. Address of Operator 777 Main Street, Ste 33200 Fort Worth, Tx. 76102				9. Pool name or Wildcat Hobbs Blinebry	
4. Well Location					
Unit Letter G : 2	feet from the	North	line and 231	feet from	m the East line
Section 30	Township 18S	Ra	nge 38E	NMPM	CountyLea
	10. Elevation (Show wh	ether DR,	RKB, RT, GR, etc.)		
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF IN PERFORM REMEDIAL WORK	TENTION TO:			SÉQUENT RE	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMEN					PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOBS	ND	
OTHER: Isolate Drinkard from Bli	inebry	X	OTHER:		
of starting and proposed work) or recompletion.  RUSU. RTG and DC's and 6 1/4" by test done by filling 7" casing from 1 (top at 5505'). Push to bottom. RUST from Blinebry perfs 5761-6059. La	SEE RULE 1103. For Moit. Circulate hole with cle top it bled off 20# from 58 wireline unit and set CIE	Iultiple Coan water 80# to 560 BP at 6500	ompletions: Attach and pressure up ca 0# in 30 min.) Dril 0' and cap with 20'	a diagram of propose sing to 500# and test I out CIBP at 5540' v cement to isolate Dr	d completion t. (NOTE: On pressure with 35' cement rinkard perfs 6605-6955
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE CAME SAME	To	_TITLE <u>I</u>	Regulatory Analys	:	DATE/2/0/01
Type or print name Ann Burdette			<del></del>	Tele	phone No. (817)336-2751
(This space for State use)					
APPROVED BYConditions of approval, if any:		_TITLE_			DATE