

Submit 3 Copies To Appropriate District Office

District I
1625 N. French Dr., Hobbs, NM 87240

District II
811 South First, Artesia, NM 87210

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.	30-025-35667
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	25697
7. Lease Name or Unit Agreement Name	W.D. Grimes (NCT-A)
8. Well No.	22
9. Pool name or Wildcat	Hobbs: Upper Blinbry
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3635'	

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 Injection <input type="checkbox"/>
2. Name of Operator Texland Petroleum - Hobbs, L.L.C
3. Address of Operator 777 Main Street, Ste. 3200 Fort Worth Tx 76102
4. Well Location Unit Letter C : 1300 feet from the North line and 2560 feet from the West line Section 32 Township 18S Range 38E NMPM County Lea
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3635'

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

NOTICE OF INTENTION TO:

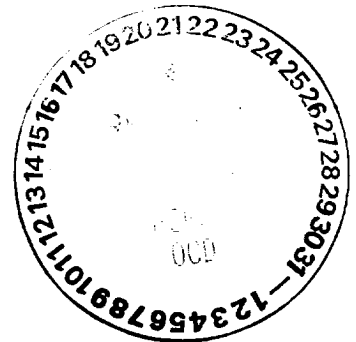
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>	

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion.

2/7/02 Casing Pressure Test: 550 psi. Pressure Chart attached.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Regulatory Analyst DATE 02/15/2002

Type or print name Ann Burdette

Telephone No. (817)336-2751

(This space for State use)

ORIGINAL SIGNED BY

GARY W. WINK

FEB 20 2002

APPROVED BY [Signature] TITLE FIELD REPRESENTATIVE

DATE

Conditions of approval, if any: