Submit 3 Copies To Appropriate District Office	Energy, Minerals and Natural Resources			Form C-103 Revised March 25, 1999
District I			WELL API NO.	
1625 N. French Dr., Hobbs, NM 87240 District II	OH CONCEDUATION I	OINTÉION		30-025-35670
811 South First, Artesia, NM 87210 District III	2040 South Pacheco		5. Indicate Type o	
1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE X	
istrict IV 040 South Pacheco, Santa Fe, NM 87505		6. State Oil & Gas Lease No. 25697		
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA" PROPOSALS.) 1. Type of Well: Oil Well Gas Well	ES AND REPORTS ON WELL LS TO DRILL OR TO DEEPEN OR PL TION FOR PERMIT" (FORM C-101) FO OtherInjection	UG BACK TO A	7. Lease Name or W.D. Grimes (No	Unti Agreement Name CT-A)
2. Name of Operator Texland Petro	leum - Hobbs, L.L.C		8. Well No. 25	
3. Address of Operator 777 Main Street, Ste. 3200 Fort Worth Tx 76102			9. Pool name or Wildcat Hobbs: Upper Blinebry	
4. Well Location				
Unit Letter_C : 1	40 feet from the North	line and 25:	50 feet from	m the West lin
Section 32		Range 38E	NMPM	County Lea
	10. Elevation (Show whether DF 3640'	R, RKB, RT, GR, etc.)		
11. Check Ap	propriate Box to Indicate N	lature of Notice,	Report or Other I	Data
NOTICE OF INT	ENTION TO: PLUG AND ABANDON	SUE REMEDIAL WOF	SEQUENT RE	PORT OF: ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DE	RILLING OPNS. X	PLUG AND
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A	ND	ABANDONMENT
OTHER:		OTHER:		
12. Describe proposed or complete of starting and proposed work). or recompletion. NMOCD NOTIFIED PRIOR TO S 9/27/01 ran 34jts 8j 5/8 24# J55 St&C csg set @ Class C w/2% CaCl 0.25# FloCele. Displaced rilled. 10/3/01 plug at 3917' w/200 sx Predrilled out.	SEE RULE 1103. For Multiple UPD. SPUD TIME: 2:30pm 9/2: 2) 1511'. CMT REPORT: Cmt w/ 2) ee w/93 BFW. Float held. Plug de	Completions: Attacl 5/01, (Bit#1 12 1/4 V 550 sx Howco Lite on 2:15 9/27/01. Circ	h diagram of propose Veral) 1511' Red bed Cl. C w/3% salt 0.25 42 bbl of cmt to pit.	ed completion sand. CSG REPORT: # Flocele X 250 sx 9/28/01 - 10/02/01
I hereby certify that the information SIGNATURE Type or print nameAnn Burdette (This space for State use)	Sudffl TITL	E Regulatory Analys	st	DATE 10/22 ephone No. (817)336-2
APPROVED BY	TITLE	<u> </u>	.i1	D ÀTE
Conditions of approval, if any:		•		<u> </u>

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