Submit 3 Copies To Appropriate District	State of New Mexico			Form C-103
Office District I	Energy, Minerals and N	Vatural Resources	WELL ADIA	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240			WELL API N	NO. 30-025-35674
istrict II 11 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION			5 Indicate T	ype of Lease
District III 2040 South Pacheco			1	E X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
2040 South Pacheco, Santa Fe, NM 87505			27060	
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 WALS TO DRILL OR TO DEEPEN TION FOR PERMIT" (FORM C-OtherInjection	OR PLUG BACK TO A	State "A-29	
2. Name of Operator Texland Petroleum - Hobbs, L.L.C			8. Well No.	10
3. Address of Operator 777 Main Street, Ste. 3200 Fort Worth Tx 76102			9. Pool name or Wildcat Hobbs: Upper Blinebry	
4. Well Location			110008. Op	SCI BIIICOLY
Unit Letter N : 1	10 feet from the So	uth line and 14	190 fe	et from the West line
Section 29	Township 18S 10. Elevation (Show whether	Range 38E	NMPM	County Lea
	3640'	ner DR, RRB, RT, GR, etc.)		
11. Check Ar	propriate Box to Indic	ate Nature of Notice.	Report or Ot	ther Data
NOTICE OF INT	TENTION TO:	SU	BSEQUENT	REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WO	RK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE D	RILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST CEMENT JOBS		X
OTHER:		OTHER:		
12. Describe proposed or complete	d operations. (Clearly state	all pertinent details, and	give pertinent d	ates, including estimated date
of starting and proposed work) or recompletion. SPUD: 14:30 11/4/01. Drilled to 15 3rd joint. CMT. REPORT: Cmt w/5 Premium Plus w/2% CaCI & 1/4# f	538'. CSG. REPORT: TIH	w/34 jts 8 5/8" 24# J55 c um Plus w/3% salt 1/4# fl	sg. set at 1538'.	CENTRALIZERS: 12 - every 2.6 ppg, 1.96 yield & 250 sx.
circ. 81 sx. cmt to pit. NMOCD notified but no	ot present.			
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				The Carlot
				(
I hereby certify that the information	n above is true and complet	e to the best of my know	ledge and belief	
SIGNATURE	" All to	TITLE Regulatory Analy	'st	DATE 11/09/2001
Type or print nameAnn Burdette			, 	Telephone No. (817)336-275
(This space for State use)				
APPROVED BY	-	TITLE .	A design of the second	DATE
Conditions of approval, if any:	·	Million		