Office	State of New Mexico		Form C-103	
District I ergy, Mine	erals and Natural Resources	WELL API NO.	Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 87240 District II		WELL ATTNO.	30-025-35866	
811 South First, Artesia, NM 87210' OIL CONSERVATION DIVISION District III 2040 South Pacheco		5. Indicate Type	of Lease	
1000 Rio Brazos Rd., Aztec. NM 87410		STATE	□ FEE □	
District IV Sar 2040 South Pacheco, Santa Fe, NM 87505	ta Fe, NM 87505	6. State Oil &	Gas Lease No.	
SUNDRY NOTICES AND REPOR (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR T DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other	O DEEPEN OR PLUG BACK TO A	7. Lease Name (W.D. Grimes (N	or Unti Agreement Name NCT-A)	
Name of Operator Texland Petroleum - Hobbs, L.L.C		8. Well No. 26		
		20		
3. Address of Operator 777 Main Street, Ste. 3200		9. Pool name or Wildcat		
Fort Worth, Tx. 76102		Hobbs: Upper Blinebry		
Unit Letter D : 518 feet fro	m the North line and 91	0 feet fro	om the West line	
Section 32 Towns	hip18S Range 38E	NMPM	CountyLea	
	Show whether DR, RKB, RT, GR, etc.)			
3638		<u> </u>		
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABA		•	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS		RILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CASING TEST A	AND [X]	ADAINDONWENT	
COMPLETION	CEMENT JOBS			
OTHER:	OTHER:			
12. Describe proposed or completed operations. (Cle	arly state all pertinent details, and	give pertinent dates.	including estimated date	
of starting and proposed work). SEE RULE 1103 or recompletion. SPUD: 5/24/02. CSG REPORT: 35 jts 8 5/8" 24# J55 Cmt w/550 sx. Howco light premium plus w/3% salt, mixed at 14.8 ppg 1.34 yield. Displace csg w/94 BFV notified but not present.	. For Multiple Completions: Attack STC csg. Set @ 1527.55. CENTI 1/4# flocele mixed at 12.6 ppg &	h diagram of propos RALIZERS: every 3 1.95 yield & 250 sx	ed completion rd jt CMT. REPORT: premium plus, 2% CaCl	
		15		
I hereby certify that the information above is true and	complete to the best of my knowle	edge and belief.		
SIGNATURE Suduliza	TITLE Regulatory Analys	t	DATE 06/03/2002	
			onhone No. (017)224 0751	
Type or print nameAnn Burdette		Tele	ephone No. (817)336-2751	
(This space for State use)	ORIGINAL SI	GNED BY	PPLA A A SESS	
APPROVED BY	TITLE PAUL F. K	(AUTZ	PATE 0 6 2882	
Conditions of approval, if any:	PETROLEUM I	_		