

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-31005
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 25695
7. Lease Name or Unit Agreement Name LEA "YL" STATE
8. Well No. 2
9. Pool name or Wildcat SHIPP:STRAWN
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3758

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator TEXLAND PETROLEUM-HOBBS, L.L.C.	
3. Address of Operator 777 TAYLOR STREET, SUITE 102 FORT WORTH, TX 76102	
4. Well Location Unit Letter J :2230 Feet From The SOUTH Line and 2310 Feet From The EAST Line Section 2 Township 17S Range 37E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3758	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ADD PERFS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operations
(work) SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed

07/31/2000-08/15/2000

Pull and lay down packer. Rerun 2 7/8" tubing without packer. SN @ 11,657.6'
Attempt to produce with intermitter and evaluate installation of plunger lift.

Based on results we request permission to add perfs 11624-11634, 11641-11652 and will then acidize these with 1500 gals. 15% HCL and ball sealers.

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

SIGNATURE Sarah Bennett TITLE REGULATORY TECHNICIAN DATE 09/15/2000

TYPE OR PRINT NAME SARAH BENNETT

TELEPHONE NO. (817)336-2751

(This space for State Use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

