

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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: ☐

**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 (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

WELL FLOWING OIL AT A LOW RATE. EVALUATING WELL FOR INSTALLATION OF ARTIFICIAL LIFT EQUIPMENT TO INCREASE PRODUCTION. ESTIMATED DATE OF WORK: 07/31/2000-08/15/2000.

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 07/25/2000

TYPE OR PRINT NAME SARAH BENNETT TELEPHONE NO. (817)336-2751

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

