

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 June 19, 2008

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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"/>		WELL API NO. 30-031-20390
2. Name of Operator NACOGDOCHES OIL AND GAS, INC.		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator P.O. BOX 632418, NACOGDOCHES, TX 75963		6. State Oil & Gas Lease No. 306174
4. Well Location Unit Letter <u> </u> M <u> </u> : <u>330</u> feet from the <u>SOUTH</u> line and <u>330</u> feet from the <u>WEST</u> line Section <u>5</u> Township <u>17N</u> Range <u>8W</u> NMPM County <u>McKINLEY</u>		7. Lease Name or Unit Agreement Name SANTA FE RR B
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6882' GR		8. Well Number 34
9. OGRID Number 256689		10. Pool name or Wildcat HOSPAH UPPER SAND, SOUTH

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: SWABBING <input checked="" type="checkbox"/>	

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Swabbed subject well on 6-27-09 and received 19 gallons of oil with 3 pulls at 450'.



Spud Date:

Rig Release Date:

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

SIGNATURE Michael Dehnisch TITLE VP of Operations DATE 7/28/09

Type or print name Michael Dehnisch E-mail address: mike.dehnisch@nogtx.com PHONE: 936-560-4747

For State Use Only

Deputy Oil & Gas Inspector,
 District #3

APPROVED BY: Kelly G. Powell TITLE Deputy Oil & Gas Inspector, District #3 DATE AUG 03 2009

Conditions of Approval (if any):