Office	State of New Mexico	Form C-103 June 19, 2008
District I Energy, 1 1625 N. French Dr., Hobbs, NM 88240	Minerals and Natural Resources	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CC	DNSERVATION DIVISION	30-031-05207
District III 122	20 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		306166
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		7. Lease Name or Unit Agreement Name HOSPAH SAND UNIT
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number
2. Name of Operator		9. OGRID Number
NACOGDOCHES OIL AND GAS, INC.		256689
3. Address of Operator P.O. BOX 632418, NACOGDOCHES, TX 75963		10. Pool name or Wildcat HOSPAH UPPER SAND
4. Well Location		
Unit Letter N: 330 feet	from theSOUTH line and	_2590feet from theWESTline
		NMPM County McKINLEY
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
Taken to the second sec		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐		
TEMPORARILY ABANDON		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE		
DOWNHOLE COMMINGLE		
OTHER: OTHER: SWABBING		
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.		
Subject well was swabbed on 7-7-09 and received 9 gallons of oil with 3 pulls 350'.		
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00 HEOLIVE 22		
OIL CONS. DIV. DISI. 3 57		
		1234567891011121312 RECEIVED RECEIVED OIL CONS. DIV. DIST. 3 OIL CONS. DIV. DIST. 3 OIL CONS. DIV. DIST. 3
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true an	ad complete to the best of my knowled	ge and belief.
1. 000		
SIGNATURE Mind	TITLE VP of Operations	DATE 7/28/29
biolini one o		
Type or print nameMichael Dehnisch	E-mail address: _mike.dehnisch	@nogtx.com PHONE: _936-560-4747
For State Use Only	Deputy Oil & Gas	
APPROVED BY: ZOD, G. ROD	TITLE District #	
Conditions of Approval (if any):		