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

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

Form C-103
June 19, 2008

WELL API NO. 30-031-05559	
5. Indicate Type of Lease STATE ☒ FEE ☐	
6. State Oil & Gas Lease No. 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 PROPOSALS.) 1. Type of Well: Oil Well ☐ Gas Well ☐ Other INJECTION WELL	7. Lease Name or Unit Agreement Name HOSPAH SAND UNIT
	8. Well Number 63
2. Name of Operator NACOGDOCHES OIL AND GAS, INC.	9. OGRID Number 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 F : 1980 feet from the NORTH line and 2310 feet from the WEST line Section 36 Township 18N Range 9W NMPM County McKINLEY	
	11. Elevation *(Show whether DR, RKB, RT, GR, etc.)* 7073' GR

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
OTHER: INJECTION WELL CLEANOUT ☒		OTHER: ☐	

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.

RIH with 1" tubing and tag sand. Wash sand out to casing TD. Pump 100 gallons of 7.5% HCL, displace with clean formation water. Circulate precipitants out of wellbore. Place well back for injection. Tubing and packer will not be altered during this procedure.

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 _____ TITLE VP of Operations DATE 7/28/29

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

For State Use Only

APPROVED BY: _____ TITLE Deputy Oil & Gas Inspector District #3 DATE AUG 04 2009

Conditions of Approval (if any): NOTIFY NMOCD AZTEC 24 HOURS PRIOR TO BEGINNING OPERATIONS