Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resources	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-031-20247
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease  STATE   FEE   □
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	balla 1 4, 1 m o , c oc	306166
87505		
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC	CES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION 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 INJECTION WELL		8. Well Number
2. Name of Operator		70 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:	800feet from theSOUTH line and	1800 feet from the WEST line
Section 36	Township 18N Range 9W	
Section 30	11. Elevation (Show whether DR, RKB, RT, GR, of	
	7073' GR	eic.)
Chromic analysis and the control of	<u> </u>	<ol> <li>C. T. C. Compression of Administration (Compression of Compression o</li></ol>
12. Check A	Appropriate Box to Indicate Nature of Notice	ce, Report or Other Data
NOTICE OF IN	ITENTION TO:	UBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON ☐ REMEDIAL W	
TEMPORARILY ABANDON		DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEM	
DOWNHOLE COMMINGLE	MIGENIA DE GOMA DE CONTROL COMO DE CONTROL CONTROL COMO DE CONTROL CON	
OTHER: INJECTION WELL C		
	leted operations. (Clearly state all pertinent details,	
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. W	ash 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.		
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Spud Date:	Rig Release Date:	7234567897071721374 RECEIVED 121374 807 2009 1374 011 00NS. DIV. DIST. 3 65
<u> </u>		11819202132
I hereby certify that the information	above is true and complete to the best of my knowl	
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In . X		
SIGNATURE	TITLEVP of Operations	SDATE7/28/29
Time an amint access NO 1 at D 1	minch Durall address usgs 1.1 of	ach@nosty.com DHONE. 027.500 4747
Type or print nameMichael Del		sch@nogtx.com PHONE: _936-560-4747
For State Use Only	Deputy Oil & G	ias Inspector,
APPROVED BY: FalleG.	Distric	ot #3 DATE AUG 0 4 2009
	DITIFY NAMED AZTEC ZU HOUPS	