Submit 3 Copies To Appropriate District	State of New Me	xico	Form C-103 Q_{μ}	
Office District I	Energy, Minerals and Natur	ral Resources 007, 0,5,200 WELL AF	June 19, 2008	
1625 N French Dr., Hobbs, NM 88240 <u>District II</u>	OIL CONSERVATION		30-023-20015	
1301 W Grand Ave, Artesia, NM 88210 District III	1220 South St. Fran	ois Dr. 5. Indicate	e Type of Lease	
1000 Rio Brazos Rd , Aztec, NM 87410 District IV	Santa Fe, NM 87	317	ATE X FEE	
1220 S St. Francis Dr., Santa Fe, NM	•		in the Gus Deuse 140.	
87505 SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease N	Name or Unit Agreement Name	
(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)			o South Unit 29 State	
1. Type of Well: Oil Well Gas Well X Other		8. Well N	8. Well Number 001	
2. Name of Operator Dan A. Hughes Company, L. P.		9. OGRIE	9. OGRID Number 251054	
3. Address of Operator		10. Pool r	10. Pool name or Wildcat	
•	E. Houston St., Beeville,	TX 78104-0669 Per	cha Shale	
	2330 feet from the Nor	th line and 660	feet from the East line	
Section 29	Township 33S Ra	nge 16W NMPM	County Hidalgo	
	11. Elevation (Show whether DR, 4658 GR	RKB, RT, GR, etc.)		
12 Charle	Appropriate Box to Indicate N	atura of Natica Papart or	Other Date	
		•		
NOTICE OF IN PERFORM REMEDIAL WORK □	NTENTION TO: PLUG AND ABANDON □	SUBSEQUEN REMEDIAL WORK	IT REPORT OF: ☐ ALTERING CASING ☐	
TEMPORARILY ABANDON		COMMENCE DRILLING OPN		
PULL OR ALTER CASING		CASING/CEMENT JOB		
DOWNHOLE COMMINGLE				
OTHER:		OTHER:		
	pleted operations. (Clearly state all pork). SEE RULE 1103. For Multiple			
or recompletion.	ork), SEE ROBE 1103. Tol Muliipi	e completions. Attach welloof	e diagram of proposed completion	
9/2/2009 Well Shut-in	n for 17° days. Tidwell dr	rove to location & cab	le tooled from 12½ to 14′	
9/21/2009 Well shut: in for 19 days. Tldwell drove to location & cable tooled from 14' to 16'				
J/21/2005 Well Slidt. II	1 101 13 days. Hawell dr	ove to location & can	ne tooled from 14 to 10	
•				
Spud Date: 5/28/2009	Rig Release Da	te:		
I hereby certify that the information	above is true and complete to the be	est of my knowledge and heliof		
Thereby certify that the information	above is true and complete to the be	est of my knowledge and belief.		
CICNATURE	TITLE Ope	erations Manager	DATE 10/01/2009	
SIGNATURE				
Type or print nameJeffer \(\frac{1}{2} \)	E-mail address	jeffi@dahughes.net	PHONE: 361/358-3752	
For State Use Only	\sim			
APPROVED BY:	rqui TITLE	rologist	DATE 10/13/2009	
Conditions of Approval (if any):		- 7.5.	1.0100	