Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 June 19, 2008
<u>District I</u> Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240		rai Resources	WELL API NO.
District II ON CONCEDVATION DIVISION		DIVISION	30-031-05214
District III	1301 W. Gland Tve., Altesia, INV 00210		5. Indicate Type of Lease STATE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505			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			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		HOSPAH SAND UNIT	
1. Type of Well: Oil Well ← ☑ Gas Well ☑ Other		8. Well Number 27	
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		TOOTAL OT EX SAUD	
Unit Letter P: 990 feet from the SOUTH line and 660 feet from the EAST line			
Section 36 Township 18N Range 9W NMPM County McKINLEY			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
6990" GL			
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			
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.			
123456			
Subject well was swabbed on 7-8-09 and received 14 gallons of oil with 5 pulls 450'. RECEIVED AUG 2009 OIL CONS. DIV. DIST. 3 OIL CONS. DIV. DIST. 3			
S DECEMED 53			
A HEOLIVED 72			
OIL CONS. DIV. DIST. 3			
			645512021881
Spud Date:	Rig Release Da	te:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
$(A - () \setminus () \cup A)$			
SIGNATURE			
Type or print nameMichael Dehnisch E-mail address: _mike.dehnisch@nogtx.com PHONE: _936-560-4747 For State Use Only			
Deputy Oil & Gas Inspector, Aug 0.3 2000			
APPROVED BY: Conditions of Approval (if any):			