Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
District II	OIL CONSERVATION DIVISION	30-031-05594
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE X 6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, NM		0. State Off & Gas Lease No.
87505 SUNDRY NOTIC	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSA	ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Dease Name of Olite Agreement Name
DIFFERENT RESERVOIR. USE "APPLICA" PROPOSALS.)	ATION FOR PERMIT" (FORM C-101) FOR SUCH	Hospah Sand Unit
1. Type of Well: Oil Well X	Gas Well  Other	8. Well Number #55
2. Name of Operator		9. OGRID Number
Nacogdoches Oil & Gas Inc.  3. Address of Operator		256689  10. Pool name or Wildcat
816 North Street, Nacogdoches TX	K. 75963	Hospah Lower SAND
4. Well Location		
Unit LetterG:	feet from the East line and 1650'	_feet from the _Northline
Section 01		W NMPM McKinley County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
12 Check A	ppropriate Box to Indicate Nature of Notice.	Report or Other Data
•	•	•
NOTICE OF INT		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON	PLUG AND ABANDON   REMEDIAL WOR	RK ☐ ALTERING CASING ☐ ☐ RILLING OPNS.☐ P AND A ☐
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	
DOWNHOLE COMMINGLE		. <b>—</b>
OTHER.	☐ OTHER: Cor	rect Pool Name
OTHER:	OTHER. COI	rect Foor Name
	eted operations. (Clearly state all pertinent details, ar	
of starting any proposed wor proposed completion or reco	k). SEE RULE 19.15.7.14 NMAC. For Multiple Completion	ompletions: Attach wellbore diagram of
proposed completion of feet	inplotton.	
		DOUR TALLOWING
		KCVD JAN 27:11 VIL CONS. VIV. 1
		DIST. 3
		D131. 0
		•
Spud Date:	Rig Release Date:	
I hereby cartify that the information a	bove is true and complete to the best of my knowleds	ge and heliaf
Thereby certify that the information a	sove is true and complete to the best of my knowledge	ge and benef.
-04		
SIGNATURE C		_DATE1-27-2011
Type or print name Mike Allen	E-mail Dieputy Ale Alle A	s Inspector, pogtx:com PHONE: 918-260-7620
For State Use Only	Deputy Oil & G	as inspector,
APPROVED BY: LIG C. C.	C C Dietric	t #3
Conditions of Approval (if any):	TITLE	DATE FEB 2 1 2011
11 \ 17		