Office	State of Nev			Form C-103	
District I - (575) 393-6161	Energy, Minerals and	Natural Resources		Revised July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	•	7	WELL API NO.	3-20015	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease		
District III – (505) 334-6178 1220 South St. Francis Dr.		STATE X	FEE		
<u>District IV</u> – (505) 476-3460 Santa Fe, NIVI 8/505		6. State Oil & Gas Lease No.			
1220 S. St. Francis Dr., Santa Fe, NM 87505			37693		
SUNDRY NO	TICES AND REPORTS ON W		7. Lease 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.)			Hueco South Unit 29 State		
1. Type of Well: Oil Well Gas Well X Other			8. Well Number 001		
2. Name of Operator Dan A. Hughes Company, L.P.			9. OGRID Number 2510	. 251054	
3. Address of Operator	U . C. D . W	TV 70405 0550	10. Pool name or Wilde		
P.O. Drawer 669, 208 E.	Houston St., Beeville	, IX /8104-0669	Percha Sh	ale	
4. Well Location	2220 - Cart Carry Alas No.		CCO C . C . 1	East	
Unit Letter H	: 2330 feet from the No. 29 Township 33S		feet from the		
Section	29 Township 33S 11. Elevation (Show whether	Range 16W	NMPM , Cou	nty Hidalgo	
	4658				
In the second se				Constitution (September 2000) for a participation of the second s	
12. Check	Appropriate Box to Indica	nte Nature of Notice,	Report or Other Data	• •	
NOTICE OF I	NITENITION TO	OLUD	OFOURNT DEDOG	T 05	
			SEQUENT REPOR	TOF: ERING CASING 🗌	
			.N □ ALTE ILLING OPNS. X PAN		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT			·	. Ш	
DOWNHOLE COMMINGLE		. OASING/CEMEN	1300		
CLOSED-LOOP SYSTEM	<u>-</u>				
OTHER:		OTHER:			
	npleted operations. (Clearly stat				
	work). SEE RULE 19.15.7.14 N	MAC. For Multiple Co.	mpletions: Attach wellbo	re diagram of	
proposed completion or re	ecompletion.				
		•			
9/3/2013 Well shut in f	or 19 days. Tidwell	drove to locatio	n. Drilled from	158' to 160'.	
3/3/2013 Hell Slide III 1	or is adjoin trainer.		in Dimed nom		
	,				
			DEAF		
			RECE	:IVED	
			SEP A	9 2013	
•			JLI V	2013	
	•		NMOCD	ARTESIA	
			a ration of the	4 44 4 3 3 3 4 4 4	
- 422.4	2002				
Spud Date: 5/28/	2009 Rig Relea	ise Date:			
		\ <u></u>		* .	
I hereby certify that the informatio	n shave in the and complete to	the heat of my lenewlede	so and haliaf	<u>:</u>	
I hereby certify that the informatio	n above is the and complete to	the best of my knowledg	ge and belief.		
111	The state of the s				
SIGNATURE SIGNATURE	TITLE	Operations Mar	nager DATE	9/5/2013	
1.11	D Hean	; off: 0 -1 - 1-		201/200 2702	
Type or print nameleffeit	R. Ilseng E-mail a	ddress: jeffi@dahu g	nes.net PHONE	361/358-3752	
For State Use Only	raccan				
APPROVED BY:			DATE	9/12/2013	
Conditions of Approval (if any):					