Submit 3 Copies To Appropriate District Office	State of New Mexico	SEP 10 2009 Form C-103 June 19, 2008
<u>District I</u> 1625 N French Dr., Hobbs, NM 88240	rgy, Minerals and Natural Resources	ELL API NO
<u>District II</u> 1301 W Grand Ave , Artesia, NM 88210	OIL CONSERVATION DIVISION	30-023-20015 5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE X FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S St. Francis Dr , Santa Fe, NM 87505		
	CES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLIC	ATION FOR PERMIT" (FORM C-101) FOR SUCH	Hueco South Unit 29 State
PROPOSALS) 1. Type of Well: Oil Well	Gas Well 🛛 Other	8. Well Number 001
2. Name of Operator Dan A. Hughes Company, L. P.		9. OGRID Number
3. Address of Operator		251054
•	. Houston St., Beeville, TX 78104-06	D. L. Chala
4. Well Location		
	2330 feet from the North line and	660 feet from the East line
Section 29 Township 33S Range 16W NMPM County Hidalgo 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
	4658¹ GR	
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		
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MOLTIPLE COMPL CASING/CEMEI	NT JOB L
OTHER:	☐ OTHER:	
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.		
•		
8/9/2009 Well shut-in for 18 days. Tidwell drove to location & cable tooled from 8' to 10'		
8/27/2009 Well shut-in for 18 days. Tidwell drove to location & cable tooled from 10' to 12'		
0/2//2003 Hell Shac	m for to days. Hamen areve to to	
		L
Spud Date: 5/28/2009	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE TITLE Operations Manager DATE 8/27/2009		
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For State Use Only		~ t
APPROVED BY: Conditions of Approval (if any):	equi Kon TITLE Godogia	DATE 4/14/05