Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		Form C-103 June 19, 2008
District I 1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210			30-031-05225
District III			5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV			6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		306166	
SUNDRY NOTICES AND REPORTS ON WELLS (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.)			7. Lease Name or Unit Agreement Name
			HOSPAH SAND UNIT
1. Type of Well: Oil Well ← ☑ Gas Well			8. Well Number 29
2. Name of Operator NACOGDOCHES OIL AND GAS, INC.			9. OGRID Number 256689
3. Address of Operator			10. Pool name or Wildcat
P.O. BOX 632418, NACOGDOCHES, TX 75963		HOSPAH UPPER SAND	
4. Well Location			
Unit Letter G : 550 feet from the SOUTH line and 550 feet from the WEST line			
Section 36	Township 18N 11. Elevation (Show whether DR	<u> </u>	NMPM County McKINLEY
	7123' GL		100 100 100 100 100 100 100 100 100 100
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN	ITENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR			
TEMPORARILY ABANDON			
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMENT	ГЈОВ 📙
DOWNHOLE COMMININGLE			
OTHER:	1 1		ABBING 🗵
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.			
Subject well was swabbed on 7-8-09 and received 13 gallons of oil with 5 pulls 400'. RECEIVED AND OIL CONS. DIV. DIST. 3 PERSONAL PROPERTY OF THE PROPERTY			
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Spud Date:	Rig Release D	ate:	
X1 1 (6 d d d d 6 d			11.1.0
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Min (Dlimle TITLE V	VP of Operations	DATE7/28/29
Type or print nameMichael Dehnisch E-mail address: _mike.dehnisch@nogtx.comPHONE: _936-560-4747			
For State Use Only		_	-
APPROVED BY: Conditions of Approval (if any):	TITLE Dep	uty Oil & Gas District #	inspector, DATE AUG 0 3 2009