

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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.)		WELL API NO. 30-031-20152
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJECTION		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator NACOGDOCHES OIL AND GAS, INC.		6. State Oil & Gas Lease No. 306164
3. Address of Operator P.O. BOX 632418, NACOGDOCHES, TX 75963		7. Lease Name or Unit Agreement Name SOUTH HOSPAH
4. Well Location Unit Letter _____ H _____ : _____ 2180 _____ feet from the _____ NORTH _____ line and _____ 660 _____ feet from the _____ EAST _____ line Section _____ 12 _____ Township 17N Range 9W NMPM County MCKINLEY		8. Well Number 39
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6986' GR		9. OGRID Number 256689
		10. Pool name or Wildcat HOSPAH LOWER SAND, SOUTH

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: MIT ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

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.

The subject injection well is ready to MIT test.



Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Michael Dehnisch TITLE VP of Operations DATE 7/28/29

Type or print name Michael Dehnisch E-mail address: mike.dehnisch@nogtx.com PHONE: 936-560-4747

For State Use Only

APPROVED BY: John G. Bell TITLE Deputy Oil & Gas Inspector, District #3 DATE AUG 03 2009

Conditions of Approval (if any): NOTIFY NMCD AZTEC 24 HOURS PRIOR TO TESTING

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