Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	June 19, 2008 WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-031-20416
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE □
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		306174
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		SANTA FE RR B
PROPOSALS.) 1. Type of Well: Oil Well ☐ Gas Well ☐ Other		8. Well Number
2. Name of Operator		9. OGRID Number
NACOGDOCHES OIL AND GAS, INC.		256689
3. Address of Operator P.O. BOX 632418, NACOGDOCHES, TX 75963		10. Pool name or Wildcat HOSPAH UPPER SAND, SOUTH
4. Well Location		HOSPAN OF ER SAND, SOCIAL
Unit LetterL_:	1650feet from theSOUTH line and	
Section 5 Township 17N Range 8W NMPM County McKINLEY		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6857' GR		
0037 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 CHANGE PLANS COMMENCE DRILLING OPNS. P AND A		
PULL OR ALTER CASING		
DOWNHOLE COMMINGLE		
OTHER: OTHER: SWABBING		
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		
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OIL CONS. DIV. DIST 2 2		
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I hereby certify that the information a	Rig Release Date:	ge and belief.
I hereby certify that the information a		ge and belief.
I hereby certify that the information a		ge and beliefDATE7/28/29
SIGNATURE Mind D	above is true and complete to the best of my knowledge TITLEVP of Operations	DATE7/28/29
14. O PO	above is true and complete to the best of my knowleds TITLEVP of Operations nisch E-mail address:mike.dehnisch	DATE7/28/29 a@nogtx.com PHONE: _936-560-4747
SIGNATUREMichael Dehr Type or print nameMichael Dehr For State Use Only	above is true and complete to the best of my knowledge TITLEVP of Operations	DATE7/28/29