Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office District I Energy,	, Minerals and Natural Resourc	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO. 30-031-20831
1301 W. Grand Ave., Artesia, NM 88210 OIL C	ONSERVATION DIVISIO	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	220 South St. Francis Dr.	STATE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		306166
SUNDRY NOTICES AND RE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL DIFFERENT RESERVOIR. USE "APPLICATION FOR PE	OR TO DEEPEN OR PLUG BACK TO	1
PROPOSALS.)	RIVIT (FORM C-101) FOR SOCH	HOSPAH SAND UNIT
1. Type of Well: Oil Well Gas Well	Other INJECTION WELL	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
4. Well Location	<u> </u>	
Unit LetterH_:2775fe	et from theSOUTH line	and1190feet from theEASTline
		9W NMPM County McKINLEY
11. Elevation	on (Show whether DR, RKB, RT, C	FR, etc.)
	7135' GR	
12. Check Appropriate	Box to Indicate Nature of N	otice, Report or Other Data
NOTICE OF INTENTION	TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND		
TEMPORARILY ABANDON ☐ CHANGE P	LANS COMMEN	CE DRILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE	COMPL CASING/C	EMENT JOB
DOWNHOLE COMMINGLE		
OTHER: INJECTION WELL CLEANOUT	☑ OTHER:	П
13. Describe proposed or completed operation	ns. (Clearly state all pertinent det	ails, and give pertinent dates, including estimated date
	LE 1103. For Multiple Completion	ons: Attach wellbore diagram of proposed completion
or recompletion.		
RIH with 1" tubing and tag sand. Wash sand out t		
Circulate precipitants out of wellbore. Place well	back for injection. Tubing and pa	cker will not be altered during this procedure.
		42.345672
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		RECEIVED IN
		AUG 2009 1374
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Spud Date:	Rig Release Date:	116 19 20 21 22 23 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Span Baile.		2021202
I hereby certify that the information above is true	and complete to the best of my kn	owledge and belief.
1 () 100)		
SIGNATURE Shink Skink		
1715 1117 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TITLE VP of Operat	ions DATE 7/28/20
	TITLEVP of Operat	ionsDATE7/28/29
Type or print nameMichael Dehnisch	E-mail address: _mike.de	hnisch@nogtx.com PHONE: _936-560-4747
	E-mail address: _mike.de	