Submit I Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO.
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-023-20015 5. Indicate Type of Lease
<u>District III</u> - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE X FEE
District IV - (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A LICATION FOR PERMIT" (FORM C-101) FOR SUCH	Hueco South Unit 29 State
PROPOSALS.)	_	
1. Type of Well: Oil Well 2. Name of Operator	Gas Well 🛛 Other	8. Well Number 001
Dan A	. Hughes Company, L.P.	251054
3. Address of Operator		10. Pool name or Wildcat
P.O. Drawer 669, 208	E. Houston St., Beeville, TX 78104-0669	Percha Shale
4. Well Location		_
Unit Letter	: 2330 feet from the North line and 66	
Section 29	Township 33S Range 16W	NMPM County Hidalgo
	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4658' 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]	
OTHER: 13 Describe proposed or com	pleted operations. (Clearly state all pertinent details, and	give pertipent dates including estimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recompletion.		
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11/27/2012 Well shut in	for 19 days. Tidwell drove to locat	ion. Drilled from 130' to 132'
		1011 Diffied from 150 to 152.
	DEC 1 4 2012	
	DEC 14 2012	
	NMOCD ARTESIA	•
	MICOD ATTEOR	
• .		
E /20/2		
Spud Date: 5/28/20	. Rig Release Date:	

I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Operations Manager SIGNATURE DATE R. E-mail address: _jeffi@dahughes.net PHONE: 361/358-3752 Type or print name Jeftêry Ilseng For State Use Only perinsa Ì TITLE APPROVED BY: DATE

Conditions of Approval (if any):