| Office   | propriate District                                     |  | tate of New Me                          |   |                              |                 | Form C-103                    |
|--|--|--|---|---|------------------------------|-----------------|-------------------------------|
| District I - (575) 393-  |  | Energy, M                                  | inerals and Natur                       | ral Resources                               | THE TOTAL                    |                 | vised July 18, 2013           |
| 1625 N. French Dr., H<br>District II - (575) 748                     |  |  |   |   | WELL API N                   | O.<br>_30−023-  | -20015                        |
| 811 S. First St., Artesi   | ia, NM 88210   | OIL CONSERVATION DIVISION                  |   |   | 5. Indicate Type of Lease    |                 |                               |
| <u>District III</u> - (505) 334<br>1000 Rio Brazos Rd.,              |  | 1220 South St. Francis Dr.                 |   |   | STATE THE TEE                |                 |                               |
| District (V - (505) 470  | 6-3460   | S  | anta Fe, NM 87                          | 505   | 6. State Oil 8               |                 |                               |
| 1220 S. St. Francis Dr   | ., Santa Fe, NM  |  |   |   | 3769                         |                 |                               |
| 87505  | SUNDRY NOTE  | CES AND REPO                               | ORTS ON WELLS                           | <del></del>                                 | <del></del>                  | ·               | greement Name                 |
| DIFFERENT RESER  | FORM FOR PROPOS  | SALS TO DRILL OR                           | TO DEEPEN OR PLU<br>IT" (FORM C-101) FO |   | Hueco Sou                    | ıth Unit        |                               |
| PROPOSALS.)  | Oil Well []  | Gas Well 🛛 O                               | ith or                                  |   | 8. Well Num                  | her             |                               |
| 1. Type of Well:   |  | Gas Well [A O                              | nner                                    |   | 0. 0001031                   | 001             | _ <del></del> ,               |
| Name of Opera     Address of Opera                                   | Dan A. H   | Hughes Con                                 | npany, L.P.                             |   | 9. OGRID N                   | 251054          |                               |
| P.O. Drawer  | 669, 208 E. H  | louston St.,                               | Beeville, T                             | X 78104-0669                                | 1                            | cha Shal        |                               |
| 4. Well Location   |  |  |   |   |                              |                 |                               |
| Unit Lett  | erH:_  |  | om the <u>North</u>                     |   |                              |                 | East line                     |
| Section  | ว<br>วายอย่ายของระบานสาย 2004 คร. เครียงตัวสายได้เกียง |  |   | nge 16W                                     | NMPM                         | County          | / Hidalgo                     |
|  |  | 11. Elevation (                            | Show whether DR,<br>4658' GR            |   | )                            |                 |                               |
|  | 12. Check A  | appropriate Bo                             | x to Indicate N                         | ature of Notice,                            | Report or Ot                 | her Data        |                               |
| K1/  | OTICE OF IN  | TENTION TO                                 | ٦. ا                                    | CIID  | SEQUENT                      | DEDUDT          | OE:                           |
| PERFORM REME<br>TEMPORARILY A<br>PULL OR ALTER                       | EDIAL WORK 🔲   | PLUG AND AB<br>CHANGE PLAN<br>MULTIPLE COI | ANDON   NS                              | REMEDIAL WOR<br>COMMENCE DR<br>CASING/CEMEN | K [<br>ILLING OPNS. <b>[</b> | ALTERI<br>P AND | NG CASING 🗌                   |
| DOWNHOLE COM   | MMINGLE 🗌  |  |   |   |                              |                 |                               |
| CLOSED-LOOP S  | SYSTEM   |  | _                                       |   | ٠                            |                 |                               |
| OTHER:   | <del></del>  |  | (Clearly state all p                    | OTHER:                                      | <del></del>                  |                 |                               |
| of starting<br>proposed o  | ; any proposed wo<br>completion or reco                | ork). SEE RULE ompletion.                  | 19.15.7.14 NMAC                         | C. For Multiple Co                          | mpletions: Atta              | ch wellbore     | diagram of  242' to 244'      |
| 12/22/2019   | wen shut m   | 107 13 day                                 | ys. Hawell v                            | arove to loca                               |                              |                 | PNSERVATION A DISTRICT 4 2015 |
|  |  | e<br>e                                     |   |   | •                            | MINI OIL O      | _                             |
|  | e  |  |   |   |                              | ARTEC           | NSFD.                         |
| •  |  |  |   |   |                              | 14.             | DISTRICATION                  |
|  |  |  |   |   |                              | JAN 0           | A 20 CT                       |
|  |  |  |   |   |                              | •               | 4 2015                        |
|  |  | ,  | •                                       |   |                              | RECT            | *                             |
|  |  | ·  |   |   |                              | CEIV            | /FD                           |
|  |  |  |   |   |                              |                 | ~0                            |
| Spud Date:   | 5/28/20  | 109  | Rig Release Da                          | te:   |                              | -               |                               |
| L_   |  |  |   |   |                              |                 |                               |
|  |  |  |   |   |                              |                 |                               |
| I hereby certify tha   | t the information of                                   | above is true and                          | complete to the he                      | est of my knowledg                          | re and belief                |                 |                               |
| I nereby certify tha   | it tire hitorillation (                                | TOO AC IS HING RING.                       | compicie to me be                       | St of my knowledg                           | c and benen.                 |                 |                               |
| •  |  | 1 /  | -                                       |   |                              |                 |                               |
|  | 10/10  | 1/   | -                                       |   |                              |                 |                               |
| SIGNATURE  | Nade C   | rossa                                      |   | erations .Mar                               | nager                        | _DATE <b>1</b>  | 2/30/2015                     |
|  | Nade C   | ropro-                                     | TITLE Op                                | •   |                              |                 |                               |
| Type or print name   | Nasle () Wade Ch                                       | ropro-                                     | TITLE Op                                | erations Mar<br>wchapman@da                 |                              |                 |                               |
| Type or print name For State Use Onl                                 | Nasle () Wade Ch                                       | noppo-<br>apman                            | TITLE Op                                | •   |                              |                 |                               |
| Type or print name For State Use Onl                                 | Wade Ch  | apman                                      | TITLE Op                                | •   | hughes.net                   |                 |                               |
| Type or print name For State Use Onl APPROVED BY:                    | Wade Ch  | apman                                      | TITLE Op  E-mail address                | •   | hughes.net                   | PHONE:          |                               |
| Type or print name For State Use Onl APPROVED BY: Conditions of Appr | Wade Ch<br>Wade Ch<br>NIAGCI<br>roval (if any):        | apman                                      | TITLE Op  E-mail address                | •   | hughes.net                   | PHONE:          |                               |
| Type or print name For State Use Onl APPROVED BY: Conditions of Appr | Wade Ch  | apman                                      | TITLE Op  E-mail address                | •   | hughes.net                   | PHONE:          |                               |

## 30 - 623 - 2005 CONDITIONS of APPROVAL

Once the well is spud, to prevent ground water contamination through whole or partial conduits from the surface, the operator shall drill without interruption through the fresh water zone or zones and shall immediately set in cement the water protection string

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