

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

RECEIVED
FEB 16 2010

WELL API NO.
30-023-20015

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
Hueco South Unit 29 State

8. Well Number 001

9. OGRID Number
251054

10. Pool name or Wildcat
Percha Shale

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)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other

2. Name of Operator
Dan A. Hughes Company, L. P.

3. Address of Operator
P. O. Drawer 669, 208 E. Houston St., Beeville, TX 78104-0669

4. Well Location
Unit Letter H : 2330 feet from the North line and 660 feet from the East line
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:

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

SUBSEQUENT REPORT OF:

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

OTHER: ☐

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.

1/19/2010 Well shutin for 19 days. Tidwell drove to location & cable tooled from 26' to 28'

Spud Date:

5/28/2009

Rig Release Date:

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

SIGNATURE Jeffery R. Ilse TITLE Operations Manager DATE 2/12/2010

Type or print name Jeffery R. Ilse E-mail address: jeffi@dahughes.net PHONE: 361/358-3752

For State Use Only

APPROVED BY: David Gray TITLE Field Supervisor DATE 2-16-2010
Conditions of Approval (if any):