Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 June 19, 2008
<u>District I</u> 1625 N. French Dr , Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-023-20015
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE X FEE
000 Rio Brazos Rd, Aztec, NM 87410 Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(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			Hueco South Unit 29 State
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 001
2. Name of Operator			9. OGRID Number
Dan A. Hughes Company, L. P. 3. Address of Operator			251054 10. Pool name or Wildcat
P. O. Drawer 669, 208 E. Houston St., Beeville, TX 78104-0669			5 . 6
4. Well Location			
Unit Letter	: 2330 feet from the No.		60 feet from the East line
Section 29		ange 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:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			K ALTERING CASING
TEMPORARILY ABANDON			
_] MOETIFLE COMFL []	CASING/CEMEN	
_	_		
OTHER: 13. Describe proposed or cor	npleted operations. (Clearly state all	OTHER:	d 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.			
9/19/2010 Well shutin for 19 days. Tidwell drove to location & cable tooled from 50' to 52'			
J/15/2010 Hell Shatin .	or is days. Transmission		
^			DEOFINED
			RECEIVED
· ·			SEP 3 0 2014
			AUTOOD AUTOO
			NMOCD ARTE
Spud Date: 5/28/200	Nig Release D	ate:	
<u> </u>			
I hereby certify that the information	on above is true and complete to the h	est of my knowledge	e and helief
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE / Y	TITLE OF	erations Mana	gerDATE 9/28/2010
SIGNATURE			
	R. Ilseng E-mail addres	s: jeffi@dahugl	hes.net PHONE: 361/358-3752
For State Use Only			
APPROVED BY: Accepted for record TITLE			DATE 9-30-10
Conditions of Approval (if any): NMOCD			WK
•			