Submit 3 Copies To Appropriate District Office	State of New Mexico	0	Form C-103
District I	Energy, Minerals and Natural I	Resources	June 19, 2008 ELL API NO.
1625 N. French Dr , Hobbs, NM 88240 District II	OH CONGERNATION DE		30-023-20015
1301 W Grand Ave, Artesia, NM 8821 District III	OIL CONSERVATION DI 1220 South St. Francis	1 5	Indicate Type of Lease
1000 Rio Brazos Rd, Aztec, NM 87410	Santa Fe, NM 87505	_	STATE X FEE
<u>District IV</u> 1220 S. St Francis Dr., Santa Fe, NM	Suita 1 c, 141vi 6750.	) 6.	State Oil & Gas Lease No.
87505	TICES AND REPORTS ON WELLS	7	Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PRODIFFERENT RESERVOIR. USE "APP	POSALS TO DRILL OR TO DEEPEN OR PLUG B LICATION FOR PERMIT" (FORM C-101) FOR SU	ACK TO A	Hueco South Unit 29 State
PROPOSALS.)  1. Type of Well: Oil Well	Gas Well 👿 Other	8.	Well Number 001
2 Name of Operator	Hughes Company, L. P.	9.	OGRID Number
3. Address of Operator	nugnes Company, L. F.	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 660 feet from the East line			
Section 29	Township 33S Range		MPM County <b>Hidalgo</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4658' GR			
7030 UN			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
	INTENTION TO:		QUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☑ P AND A ☐			
TEMPORARILY ABANDON			
	]		
OTHER.		THER:	
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.			
10/24/11 Well shut in for 19 days. Tidwell drove to location. Drilled from 90' to 92'.			
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•			RECEIVED
		1	NOV -8 2011
			NMOCD ARTESIA
			·
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.			
Thereby certify that the information above is the and complete to the best of my knowledge and benef.			
SIGNATURE	TITLE Opera	tions Manager	DATE 11/01/11
Type or print name / Jeffely	R. Ilseng E-mail address:	effi@dahughes	.net PHONE: 361/358-3752
For State Use Only			
APPROVED BY: // MALL TITLE GOLGES DATE NOV 16 2011			
Conditions of Approval (if any):	TILDE U OO		DATE