Office	State of New Mexico	Form C-103
<u>District I</u> - (575) 393-6161	Energy, Minerals and Natural Reso	ources Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		WELL API NO. 30-023-20016
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVIS	ION 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
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		39224
	OTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO PLICATION FOR PERMIT" (FORM C-101) FOR SUCH	Big Hatchet North Unit 25 Sta
1. Type of Well: Oil Well	Gas Well X Other	8. Well Number 1
2. Name of Operator  Dan A.	Hughes Company, L. P.	9. OGRID Number 251054
3. Address of Operator P. O. Box 669 208 F	E. Houston St., Beeville, TX 78104	10. Pool name or Wildcat  -0669 Percha Shale
4. Well Location		Terena share
Unit Letter <b>G</b>	: 660 feet from the N° lin	e and 4620 feet from the E line
Section 25		17W NMPM County Hidalgo
	11. Elevation (Show whether DR, RKB, RT	
	4494.32' GR	
12. Check	Appropriate Box to Indicate Nature of	Notice, Report or Other Data
NOTICE OF	INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK [		DIAL WORK
	<u> </u>	ENCE DRILLING OPNS. X P AND A
PULL OR ALTER CASING [	☐ MULTIPLE COMPL ☐ CASING	G/CEMENT JOB
DOWNHOLE COMMINGLE [		
OTHER:	□ OTHER	::
13. Describe proposed or cor	mpleted operations. (Clearly state all pertinent of	details, and give pertinent dates, including estimated date
of starting any proposed	work). SEE RULE 19.15.7.14 NMAC. For Mu	ultiple Completions: Attach wellbore diagram of
proposed completion or r	ecompletion.	
9/03/2012 Well shut i	n for 19 days. Tidwell drove f	to location. Drilled from 10' t0 12'
5,00,2012 Hell Shat I	in to. 15 days. Hawell drove	
		RECEIVED
		roeiveD
		SEP <b>2 0</b> 2012
	•	NMOCD ARTESIA
		MIGH
Spud Date: 5/26/20	Rig Release Date:	_
I homely contify that the information	on above is true and complete to the best of my	
Thereby certify that the information	on above is true and complete to the best of my	knowledge and benef.
		••
SIGNATURE	White Operation	ons Manager DATE 9/17/2012
Type or print name Jeffery	R. Ilseng E-mail address: jeffi	Adahughes net miore 261/260 2752
Type or print name Jeffery For State Use Only	E-mail address: jeffi	@dahughes.net PHONE: 361/358-3752
A()()	ada A	5,00,00
APPROVED BY:	ado TITLE 15 T B	DATE 9/26/12
Conditions of Approval (if any):		• •