

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised August 1, 2011

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-023-20016	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. 39224	
7. Lease Name or Unit Agreement Name Big Hatchet North Unit 25 State	
8. Well Number 1	
9. OGRID Number 251054	
10. Pool name or Wildcat Percha Shale	
4. Well Location Unit Letter G : 660 feet from the N line and 4620 feet from the E line Section 25 Township 30S Range 17W NMPM County Hidalgo	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4494.32' GR	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

PERFORMED BY: _____ TITLE: _____

DATE: _____

OTI

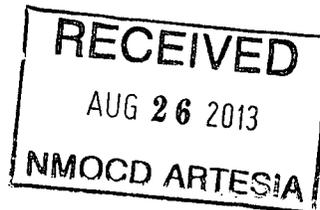
1. _____ proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

STOP WORK ABANDON REMEDIAL WORK ALTERING CASING
 NS COMMENCE DRILLING OPNS. P AND A
 MPL CASING/CEMENT JOB
 OTHER: _____

1. _____ proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

8/9/2013 Well shut in for 19 days. Tidwell drove to location. Drilled from 44' to 46'.



Spud Date: **5/26/2012** 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. Iiseng* TITLE **Operations Manager** DATE **8/21/2013**
 Type or print name **Jeffery R. Iiseng** E-mail address: **jeffi@dahughes.net** PHONE: **361/358-3752**
For State Use Only

APPROVED BY: *Accepted for record* TITLE _____ DATE **8/27/2013**
 Conditions of Approval: _____