Suomica Copies 10 Appropriate District Office	State of New Mexico	Form C-103
District 1	Energy, Minerals and Natural Resources	WELL API NO. May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II	., ,	30-023-20012
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec. NM 87410	1200 South-St. Francis 27.	STATE S FEE
District IV	OCHARTEMA7505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOT	CES 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		THE COLON THE PART OF STATE
PROPOSALS.)		8. Well Number 001
1. Type of Well: Oil Well Gas Well Other		
2. Name of Operator DAN A. HUGHES COMPANY, L.P. 9. OGRID Number 251054		9. OGRID Number 251054
3. Address of Operator		10. Pool name or Wildcat
	c. 1008 W. Broadway, Hobbs, NM 88240	(97660) WILDCAT; PERCHA SHALE
4. Well Location		
Unit Letter M: 660 feet from the SOUTH line and 660 feet from the WEST line		
Section 26 Township 32S Range 17W NMPM HIDALGO County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4527.68' GR		
Pit or Below-grade Tank Application or Closure		
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water		
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
12. Check Appropriate box to indicate Nature of Notice, Report of Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WO	
TEMPORARILY ABANDON		RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	NT JOB L
OTHER:	OTHER: DRLG	S 🗵
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.		
02/13/08-02/27/08 DRLG RESUMED FROM 7605'-10,000'		
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SURVEY 7742',7996',8282',8586',9030',9228'.9540',9646'		
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I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.		
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SIGNATURE THE SIGNATURE	TITLE AGENT	DATE <u>02/28/08</u>
Type or print name Gaye Heard		Telephone No. 575-393-2727
For State Use Only		
APPROVED BY:	TITLE	DATE
Conditions of Approval (if any):	*** I I I I I I I I I I I I I I I I I I	A 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2