Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office June 19, 2008 Energy, Minerals and Natural Resources WELL API NO. 30-023-20015 District I 1625 N French Dr., Hobbs, NM 88240 District II OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease District III 1220 South St. Francis Dr. STATE X 1000 Rio Brazos Rd , Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV 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 Hueco South Unit 29 State DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number 1. Type of Well: Oil Well Gas Well X Other 001 9. OGRID Number 2. Name of Operator Dan A. Hughes Company, L. P. 251054 3. Address of Operator 10. Pool name or Wildcat Percha Shale P. O. Drawer 669, 208 E. Houston St., Beeville, TX 78104-0669 4. Well Location 2330 Unit Letter 660 feet from the East feet from the North line and line 29 Township 33S 16W **NMPM** County Hidalgo Section Range 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 46581 GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING □ REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDON | \(\bar{\cap} \) \Box COMMENCE DRILLING OPNS. P AND A **TEMPORARILY ABANDON** CHANGE PLANS \Box PULL OR ALTER CASING MULTIPLE COMPL \Box CASING/CEMENT JOB DOWNHOLE COMMINGLE OTHER: OTHER: 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, and die explanded da of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion AÚG **1 9** 2010 or recompletion. NMOCD ARTESIA 8/10/2010 Well shutin for 19 days. Tidwell drove to location & cable tooled from 46' to 48' 5/28/2009 Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Operations Manager **SIGNATURE** DATE 8/17/2010 Jeffery R. Ilseng E-mail address: jeffi@dahughes.net PHONE: 361/358-3752 Type or print name For State Use Only APPROVED BY: UNI DATE \$-25-10 TITLE

Conditions of Approval (if any):

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