Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Office District I Energy, Minerals and Natural Resources	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240 District II ON GONGERNA TION DIVISION	O. 30-023-20014
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION 5. Indicate Tv	
District in 1220 South St. Francis Dr. STATE	
District IV Santa Fe, INIVI 87505 6. State Oil &	Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	
SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Nam	e 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 Big Hatchet	North Unit 14 State
PROPOSALS.)	
1. Type of Well: Oil Well Gas Well Other 8. Well Number 2. Name of Operator 9. OGRID No.	001
Dan A. Hughes Company, L. P.	251054
3. Address of Operator 10. Pool name	e or Wildcat
	Percha Shale
4. Well Location	
Unit Letter : 1545.11 feet from the North line and 2025.39 feet from the East line	
Section 14 Township 30S Range 17W NMPM	County HidAlgo
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4440.72' GR	
4440.72 GIV	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Otl	ner Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.[X] P AND A ☐	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB	-
DOWNHOLE COMMINGLE	1
OTHER: OTHER: OTHER: 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.	
2/07/2011 Well shutin for 19 days. Tidwell drove to location & cable tooled from 647 to 661	
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	,
	RECEIVED
	FEB 16 2011
	ALDROOD ADTECTS
	NMOCD ARTESIA
	•
Spud Date: 5/29/2009 Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE Operations Manager	DATE 2/14/2011
Type or print name	DATE 2/14/2011 PHONE: 361/358-3752