Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-ARTESI

FORM APPROVED OM B No 1004-0137 Expires: March 31, 2007

| OCT | 06 | 2008 |
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SUNDRY NOTICES AND REPORTS ON WELLS

5. Lease Serial No. NM106718

| Do not use this form for proposals to drill or to re-enter an Abandoned well. Use Form 3160 - 3 (APD) for such proposals. | | | | 6. If Indian, Allottee or Tribe Name | | |
|---|--|---|--|---|---|--|
| SUBMIT IN TRIPLICATE- Other instructions on reverse side. | | | se side. | 7. If Unit or CA/Agreement, Name and/or No. | | |
| 1. Type of Well Gas Well Other 2. Name of Operator Nadel and Gussman HEYCO, LLC | | | | | 8. Well Name and No. Cholla 1 Federal #9 9. API Well No. | |
| 3a Address 3b. Phone No. (include area code) PO BOX 1936 ~ ROSWELL NM 88202-1936 505.623.6601 | | | area code) | 30-015-36438 10. Field and Pool, or Exploratory Area | | |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) | | | | Tamano; Bone Spring | | |
| 930' FSL & 660' FEL, Sec. 1, T18S, R31E | | | | 11 County or Parish, State Eddy, New Mexico | | |
| 12. CHECK AP | PPROPRIATE BOX(ES) TO I | NDICATE NATUR | E OF NOTICE, REP | ORT, OF | R OTHER DATA | |
| TYPE OF SUBMISSION | | | E OF ACTION | | - | |
| Notice of Intent Subsequent Report Final Abandonment Notice | Acidize Alter Casing Casing Repair Change Plans Convert to Injection | Deepen Fracture Treat New Construction Plug and Abandon Plug Back | Production (Start/ Reclamation Recomplete Temporarity Aban Water Disposal | Well Integrity Casing and Cement | | |
| testing has been completed. Fur determined that the site is ready 8/21/08 - Spud Well 8/23/08 - TD 17 1/2" hole, 200 sxs w/C 2% CACL 2, | , | led only after all require: 48# ST&C casing to 9 and 1930 hours 780 p | nents, including reclamation of the comment of the commented with six six. | on, have bee | en completed, and the operator has +2% CACL 2+1/4#'s sxs CF and | |
| | ugged dn at 8/27/08 at 1330 hou | ACCEPTED OCT 7 | FOR RECORD 2008 Outy Field Inspector | ACC | SEP 3 0 2008 /s/ JD Whitlock Jr | |
| 14. I hereby certify that the fore Name (Printed/Typed) Tammy R. Link | | NMOCD-Dist | rict II ARTESIA | 4 | JREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE | |
| Signature any | R. Lik | Date | | 02/2008 | | |
| | THIS SPACE FOR F | EDERAL OR S | TATE OFFICE L | JSE | | |
| | attached. Approval of this notice d | oes not warrant or | Title Office | | Date | |
| which would entitle the applicant to Title 18 U.S.C. Section 1001 and Titl States any false, fictitious or fraudu | | crime for any person k | nowingly and willfully to | make to an | ny department or agency of the United | |