	JUL 3	U 2009					
Submit 3 Copies To Appropriate District State of Ne		Form C-103					
District I Energy, Minerals and	Natural Resources	May 27, 2004					
District I 1625 N. French Dr , Hobbs, NM District II 1301 W. Grand Ave., Artesia, NM 88210 District III District	WELL AF	WELL API NO. 30-015-37068					
1301 W. Grand Ave., Artesia, NM 88210	TION DIVISION 5 Indicate	5. Indicate Type of Lease					
District III 1000 Rio Brazos Rd., Aztec, NM 874101. 2 8 20091220 South St	Francis Dr.	STATE X FEE					
	M 87505 6. State C	6. State Oil & Gas Lease No.					
1220 S. St. Francis Dr., Santa Fe. MOBBSOCD 87505							
SUNDRY NOTICES AND REPORTS ON W	ELLS 7. Lease 1	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 PROPOSALS.)	·	Aid State					
1. Type of Well: Oil Well X Gas Well Other		8. Well Number #2					
2. Name of Operator NADEL AND GUSSMAN HEYCO,	LC 9. OGRII	9. OGRID Number 258462					
3. Address of Operator PO BOX 1936	10. Pool i	10. Pool name or Wildcat					
ROSWELL NM 88202-1936	E	EMPIRE GLORIETA-YESO					
4. Well Location							
Unit Letter 0 : 330 feet from the		feet from theEASTline					
Section 13 Township 17S	Range 28E NMPM	County EDDY					
11. Elevation (Show wheth	er DR, RKB, RT, GR, etc.) 3704' GR						
Pit or Below-grade Tank Application or Closure	3704 GR						
	fresh water well Distance from nea	rest surface water					
Pit Liner Thickness: mil Below-Grade Tank: Volum							
12. Check Appropriate Box to Indic							
12. Check Appropriate Box to find		Other Data					
NOTICE OF INTENTION TO:	SUBSEQUEN	IT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERING CASING ☐					
TEMPORARILY ABANDON							
PULL OR ALTER CASING MULTIPLE COMPL [CASING/CEMENT JOB						
OTHER:	OTHER: Inclination Report ar	nd Logs					
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.							
See Atached Inclination Report and Spectral Gamma Ray Dual Spaced Neutron SPectral Denisity Log and Dual Laterolog.							
I hereby cartify that the information shows is true and complete to							
	the heat of my knowledge and halist	X Supplied to the state of the					
grade tank has been/will be constructed or closed according to NMOCD guid	the best of my knowledge and belief.	I further certify that any pit or below- d) alternative OCD-approved plan □.					
grade tank has been/will be constructed or closed according to NMOCD guid	elines 🔲, a general permit 🔲 or an (attache	d) alternative OCD-approved plan □.					
grade tank has been/will the donstructed or closed according to NMOCD guid	elines □, a general permit □ or an (attache	I further certify that any pit or belowd) alternative OCD-approved plan □. DATE 7/27/09					
SIGNATURE Type or print name Type or print name Type or print name	elines 🔲, a general permit 🔲 or an (attache	d) alternative OCD-approved plan □.					
grade tank has been/will the constructed or closed according to NMOCD guide SIGNATURE TIT	elines 🗌, a general permit 🗍 or an (attache	d) alternative OCD-approved plan □. DATE 7/27/09					
SIGNATURE Type or print name For State Use Only E-1	PRODUCTION ANALYST nail address: tlink@heycoenergy.com	DATE 7/27/09 Telephone No. 505.623.6601					
SIGNATURE Type or print name Type or print name Type or print name	PRODUCTION ANALYST nail address: tlink@heycoenergy.com	d) alternative OCD-approved plan □. DATE 7/27/09					

New Mexico OIL AND GAS DIVISION

RECEIVED

District

JUL 2 8 2009 HOBBSOCD

<u>.</u>		INATIO				7. Lease Number (Oil completions		
1. FIELD NAME (as per Records or Wildcat) Kool Aid 2. LEASE			NAME Aid State	8. Well Number 30-015-37068				
3. OPERATOR							000	
Nadel & Gussman Heyco, LLC								
4. ADDRESS	eld Street, Suite 508					(Gas completion	ons only)	
601 North Marienfeld Street, Suite 508 Midland, Texas 79701-4365						10. County		
5. LOCATION (Section, Block, and Survey)						Eddy	,	
1650' FEK & 330' I	FSL Sec. 13 T17S R2			TAY 0 Y TAY 1 00 Y		1 244		
	K			INCLINATI	ON	····		
*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)		14. Displacement per Hundred Feet (Sine of Angle x100)	15. Course Displacement (feet)	16 Accumulat Displacement (fe		
293	293	1.0	0	1.75	5.12	5.12	5.12	
545	252	1.00		1.75	4.41	9.53		
989	444	1.0	0	1.75	7.77	17.30	17.30	
1467	478	0.5	0	0.87	4.15	21.4	21.45	
1944	477	1.0	0	1.75	8.34	29.79	29.79	
2421	477	1.0	0	1.75	8.34	38.13	38.13	
2899	478	1.0		1.75	8.36	46.49	46.49	
3376	477	1.0		1.75	8.34		54.83	
3853	477	0.7		1.31	6.24		61.07	
4329	476	0.75		- 1.31	6.23		67.30	
4800	471	0.7		1.31	6.17		73.47	
5287	487	1.2	5	2.18	10.61	84.08		
	 							
If additional space	is needed, use the reverse side	le of this form						
•	shown on the reverse side of] yes	☑ no				
	displacement of well bore a		•	5287 feet =	84.08	feet.		
*19. Inclination measure	ements were made in -	Tubing 🔲	Casing	☑ Open hole	☐ Drill Pipe			
20. Distance from surface location of well to the <u>nearest</u> lease line						330	feet.	
21. Minimum distance to lease line as prescribed by field rules					330	feet.		
22. Was the subject we	ll at any time intentionally d	eviated from the v	ertical in an	y manner whatsoever?	N	lo		
(If the answer to the	e above question is "yes," at	tach written explai	nation of the	e circumstances)				
INCLINATION DATA	CERTIFICATION			OPERATOR CERTIFIC	ATION			
am authorized to make this co and facts placed on both side complete to the best of my	s of this form and that such da knowledge. This certification	knowledge of the in ta and facts are true	clination data c, correct, and	authorized to make this certific in this report, and that all data to the best of my knowledge	presented on both sides of this This certification covers all d	owledge of all informates s form are true, correct, a lata and information pre-	ion presented and complete sented herem	
asterisks (*) by the nom numb	alle			except inclination data as indic	Lil	m numbers on this form		
Signature of Authorized Representative Signature of Authorized Representative				ed Representative				
	Vice President/Opera	tions		+ foduction		1		
Name of Person and Title (type or print) Eagle Rock Drilling, Inc. Name of Person and Title (type or print) Out					10000 110			
Name of Company	b)			Operator Operator	Chostical P	-0/10,~ac		
	-8200				5-623-6601	1		
Telephone: 432-553-8209 Area Code				Telephone: Area Coo		!		
L				1 1 1 0 0 0				
Railroad Commission Use	Only:							
Approved By:			Title:		Date:			

* Designates items certified by company that conducted the inclination surveys.