

Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
October 13, 2009

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

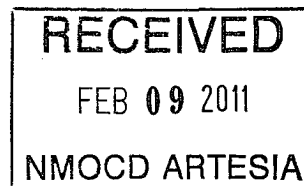
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-03862 ✓
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED <input type="checkbox"/>
2. Name of Operator Nordstrand Engineering Inc. ✓		6. State Oil & Gas Lease No. LC067610
3. Address of Operator 3229 D'Amico Steet Ste 200, Houston Texas 77019		7. Lease Name or Unit Agreement Name West Henshaw Premier ✓
4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>south</u> line and <u>660</u> feet from the <u>west</u> line Section <u>04</u> Township <u>16S</u> Range <u>30E</u> NMPM County <u>Eddy</u>		8. Well Number <u>004Z</u> ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3882		9. OGRID Number <u>230757</u>
		10. Pool name or Wildcat Henshaw, Grayburg West ✓

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>		OTHER: WELL HAS BEEN REPAIRED AND BROUGHT BACK INTO PRODUCTION <input type="checkbox"/>	
OTHER: <input type="checkbox"/>			

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Well was purchased in 2004 and when purchased was offline. Well was reworked and all necessary repairs made including down hole tubing. Well was placed back in production in 2004 and has been operating since. Well has been maintained in accordance with state requirements and generally accepted industry standards. The well is set up to flow.



Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Field Representative DATE 2/01/11

Type or print name Thomas E. Nordstrand E-mail address: tom@nmbvi.com PHONE: 505-321-7671 or 713-520-1555
For State Use Only

APPROVED BY: [Signature] TITLE Field Supervisor DATE 2-15-11

Conditions of Approval (if any):

Accepted for record
NMOCD

MS