

Submit 3 Copies 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
June 19, 2008

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. 30-015-38504
1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐		5. Indicate Type of Lease STATE ☒ FEE ☐
2. Name of Operator Nadel and Gussman HEYCO, LLC		6. State Oil & Gas Lease No. V-186
3. Address of Operator P.O. Box 1936, Roswell, NM 88202		7. Lease Name or Unit Agreement Name Rock Island 16 State
4. Well Location Unit Letter D : 510' feet from the North line and 330' feet from the West line Section 16 Township 18S Range 26E NMPM EDDY County		8. Well Number #2H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3381.6' GR		9. OGRID Number 258462
		10. Pool name or Wildcat Glorieta

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: Name Change ☒

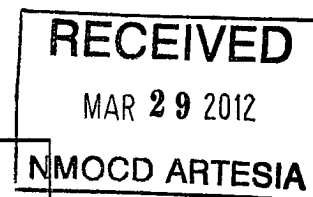
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Please Note that the Well name should be Rock Island 16 State #2H please change on your system reflecting that...

11/26/11

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 Tammy R. Link TITLE _____ DATE 3-28-2012

Type or print name: Tammy R. Link E-mail address: tlink@heycoenergy.com

PHONE: 575-623-6601

For State Use Only

APPROVED BY: DRD TITLE Dis H Supervisor DATE 04/02/2012
Conditions of Approval (if any):