

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  
May 27, 2004

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

WELL API NO. 30-015-36199	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name SST	
8. Well Number #5	9. OGRID Number 258462
10. Pool name or Wildcat N. Turkey Tract Morrow	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

**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)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other ☐

2. Name of Operator  
NADEL AND GUSSMAN HEYCO, LLC

3. Address of Operator  
PO BOX 1936  
ROSWELL NM 88202-1936

4. Well Location  
Unit Letter P : 660 feet from the SOUTH line and 990 feet from the East line  
Section 6 Township 19S Range 29E NMPM County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

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 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"/>	
OTHER: <input type="checkbox"/>		OTHER: Site Security Plat <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

see attached Site Security Plat

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☒.

SIGNATURE [Signature] TITLE PRODUCTION ANALYST DATE 10/30/2009

Type or print name \_\_\_\_\_ E-mail address: tlink@heycoenergy.com Telephone No. 505.623.6601

**For State Use Only**

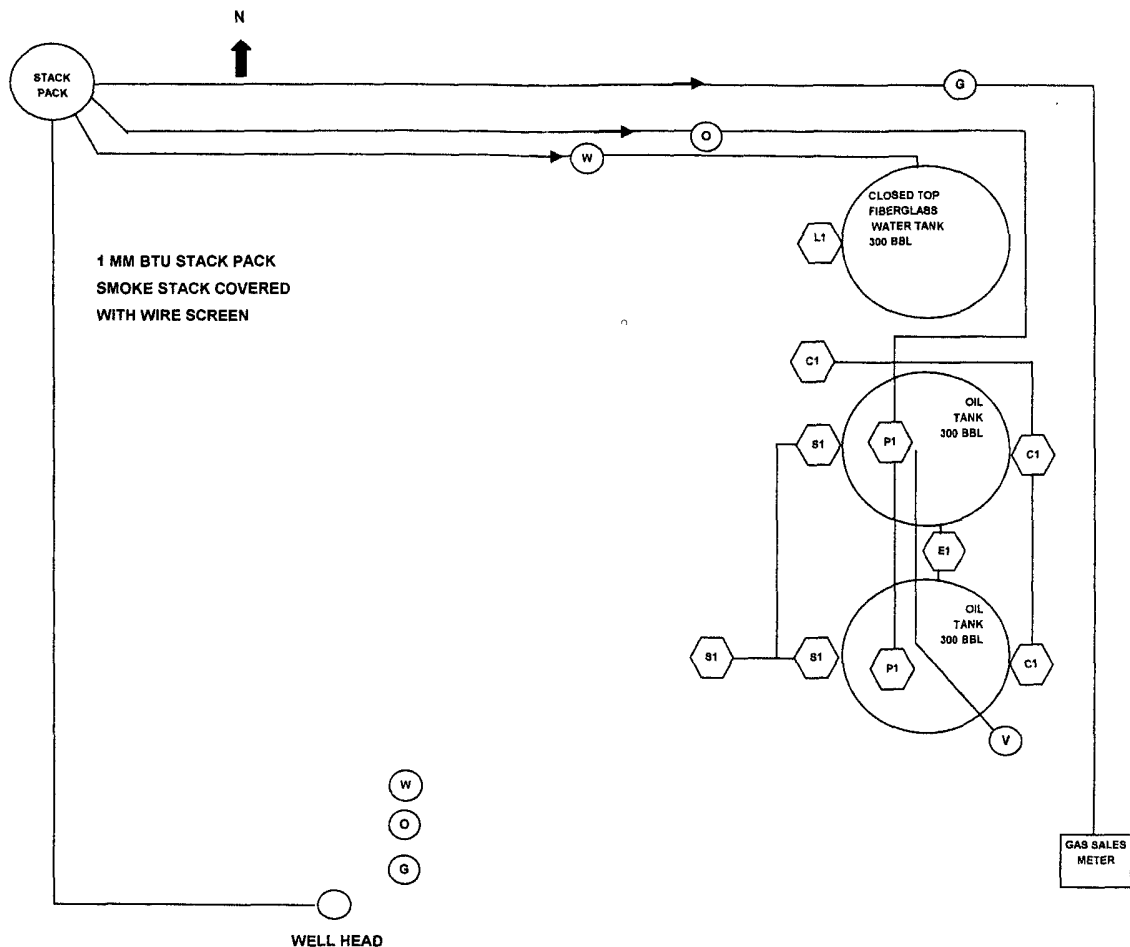
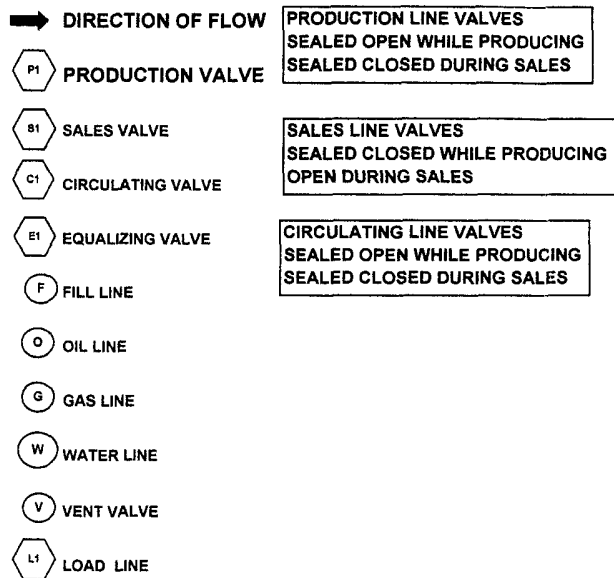
APPROVED BY: [Signature] TITLE Geologist DATE 11/3/2009

Conditions of Approval (if any): \_\_\_\_\_

SST 5  
 660' FSL & 990' FEL  
 SEC 6, T19S, R29E  
 EDDY COUNTY, NM

THIS LEASE IS SUBJECT TO THE SITE SECURITY PLAN  
 FOR SOUTHEAST NEW MEXICO OPERATIONS. THE PLAN  
 IS LOCATED AT:

NADEL AND GUSSMAN HEYCO, LLC  
 500 NORTH MAIN SUITE ONE  
 ROSWELL, NM



New Mexico  
OIL AND GAS DIVISION

<b>INCLINATION REPORT</b> (One Copy Must Be Filed With Each Completion Report)		6 District
1. FIELD NAME <b>Longarm</b>	2. LEASE NAME <b>South Taylor 13 Federal</b>	7. Lease Number. (Oil completions only)
3. OPERATOR <b>Nadel &amp; Gussman HEYCO, LLC</b>		8. Well Number <b># 5</b>
4. ADDRESS <b>601 North Marienfeld Street, Suite 508 Midland, TX 79701-4365</b>		9. Identification Number (Gas completions only)
5. LOCATION (Section, Block, and Survey) <b>Sec. 13 T18S R31E 1600' FEL &amp; 1697' FSL</b>		10. County <b>Eddy</b>

**RECORD OF INCLINATION**

*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. Accumulative Displacement (feet)
294	294	0.75	1.31	3.85	3.85
605	311	0.50	0.87	2.70	6.55
911	306	0.50	0.87	2.66	9.21
1429	518	1.00	1.75	9.06	18.27
1906	477	1.00	1.75	8.34	26.61
2383	477	1.25	2.18	10.39	37.00
2861	478	0.75	1.31	6.26	43.26
3338	477	0.50	0.87	4.14	47.40
3815	477	0.75	1.31	6.24	53.64
4292	477	0.25	0.44	2.09	55.73
4769	477	0.25	0.44	2.09	57.82
4801	32	0.25	0.44	0.14	57.96
5246	445	0.25	0.44	1.95	59.91
5500	254	0.25	0.44	1.11	61.02

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form?    ☐ yes    ☒ no
18. Accumulative total displacement of well bore at total depth of 5500 feet = 61.02 feet.
- \*19. Inclination measurements were made in -    ☐ Tubing    ☐ Casing    ☒ Open hole    ☐ Drill Pipe
20. Distance from surface location of well to the nearest lease line ..... 1600 feet.
21. Minimum distance to lease line as prescribed by field rules ..... 1600 feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever?    NO

(If the answer to the above question is "yes," attach written explanation of the circumstances )

<b>INCLINATION DATA CERTIFICATION</b>  I declare under penalties prescribed in Sec 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.	<b>OPERATOR CERTIFICATION</b>  I declare under penalties prescribed in Sec 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.
Signature of Authorized Representative <u><b>John Halldorson</b></u> Name of Person and Title (type or print) <u><b>Eagle Rock Drilling, Inc.</b></u> Name of Company Telephone: <u><b>432-682-3030</b></u>	Signature of Authorized Representative _____ Name of Person and Title (type or print) _____ Operator Telephone: _____

*Railroad Commission Use Only:*

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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