

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

FORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NM021422

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

7. If Unit of CA/Agreement, Name and/or No.
91008492C

8. Well Name and No.
Antelope Ridge Unit #4

9. API Well No.
30-025-21037

10. Field and Pool or Exploratory Area
Antelope Ridge (Atoka)

11. Country or Parish, State
Lea County, New Mexico

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

2. Name of Operator
Bold Energy, LP

3a. Address
415 W. Wall, Suite 500
Midland, TX 79701

3b. Phone No. (include area code)
432-686-1100

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
990' FNL & 2310' FEL, Unit B, Sec 4, T24S, R34E

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Stimulation program</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input checked="" type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

10/26/2006: Acidized Delaware formation in three stages via 2-7/8" tubing with RBP and treating packer as follows:

Perfs 6,038' - 6,296': 195 bbls 15% HCL acid w/ 116 bbls FW flush. APR = 15.2 bpm, ATP = 2,847 psi. ISIP = 760 psi. 5 min SIP = 728 psi, 10 min SIP = 709 psi, 15 min SIP = 696 psi.

Perfs 5,599' - 5,811': 145 bbls 15% HCL acid w/ 100 bbls FW flush. APR = 15.6 bpm, ATP = 2,688 psi. ISIP = 850 psi. 5 min SIP = 693 psi, 10 min SIP = 636 psi, 15 min SIP = 590 psi.

Perfs 5,200' - 5,305': 155 bbls 15% HCL acid w/ 100 bbls FW flush. APR = 16.4 bpm, ATP = 2,934 psi. ISIP = 780 psi. 5 min SIP = 780 psi, 10 min SIP = 733 psi, 15 min SIP = 723 psi. 12 hour SIP = 320 psi.

Total load to recover = 841 bbls. No communication above packer observed during treatments.

14. I hereby certify that the foregoing is true and correct.

Name (Printed/Typed)
Denise Menoud

Title Agent for Bold Energy, LP; (432) 686-9158

Signature

Denise Menoud

Date 10/30/2006

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

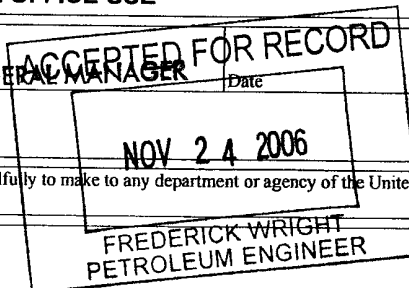
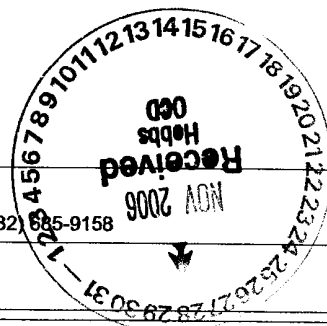
Chris Williams DISTRICT SUPERVISOR/GENERAL MANAGER

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)



DEC 21 2006



PHONE (325) 673-7001 • 2111 BEECHWOOD • ABILENE, TX 79603

PHONE (505) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

ANALYTICAL RESULTS FOR
BOLD ENERGY
ATTN: DONNY MONEY
415 W. WALL, SUITE 500
MIDLAND, TX 79701
FAX TO: (505) 394-9030

Receiving Date: 11/06/06
Reporting Date: 11/07/06
Project Number: NOT GIVEN
Project Name: NOT GIVEN
Project Location: NOT GIVEN

Sampling Date: NOT GIVEN
Sample Type: WATER
Sample Condition: COOL & INTACT
Sample Received By: HM
Analyzed By: AB/HM

LAB NUMBER	SAMPLE ID	Na (mg/L)	Ca (mg/L)	Mg (mg/L)	K (mg/L)	Conductivity (u S/cm)	T-Alkalinity (mgCaCO ₃ /L)
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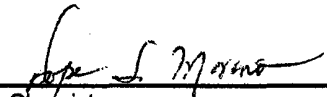
ANALYSIS DATE:	11/07/06	11/06/06	11/06/06	11/07/06	11/06/06	11/06/06
H11760-1 ANTELOPE #4 CWA	58482	20040	17010	1535	*274800	160
Quality Control	NR	48.1	48.6	1.79	1424	NR
True Value QC	NR	50.0	50.0	2.00	1413	NR
% Recovery	NR	96	97	90	101	NR
Relative Percent Difference	NR	0.0	0.0	4.6	0.4	NR

METHODS:	SM3500-Ca-D	3500-Mg E	8049	120.1	310.1
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	Cl ⁻ (mg/L)	SO ₄ (mg/L)	CO ₃ (mg/L)	HCO ₃ (mg/L)	pH (s.u.)	TDS (mg/L)
ANALYSIS DATE:	11/06/06	11/07/06	11/06/06	11/06/06	11/06/06	11/07/06
H11760-1 ANTELOPE #4 CWA	175945	1178	0	195	5.83	286224
Quality Control	500	23.9	NR	976	7.05	NR
True Value QC	500	25	NR	1000	7	NR
% Recovery	100	96	NR	98	101	NR
Relative Percent Difference	2	7.6	NR	0.0	0.4	NR

METHODS:	SM4500-Cl-B	375.4	310.1	310.1	150.1	160.1
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* Conductivity performed on a 1:1 dilution.


Chemist

11-07-06
Date

PLEASE NOTE: Liability and Damages. Cardinal's liability and client's exclusive remedy for any claim arising, whether based in contract or tort, shall be limited to the amount paid by client for analyses. All claims, including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within thirty (30) days after completion of the applicable service. Cardinal shall be liable for incidental or consequential damages, including, without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of services hereunder by Cardinal, regardless of whether such claim is based upon any of the above-stated reasons or otherwise.

**ARDINAL LABORATORIES, INC.**

2111 Beechwood, Abilene, TX 79603 101 East Marland, Hobbs, NM 88240
(915) 673-7001 Fax (915) 673-7020 (505) 393-2326 Fax (505) 393-2476

CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

Page ____ of ____

Company Name: <u>Bold Energy LP</u>				BILL TO				ANALYSIS REQUEST																																	
Project Manager: <u>Ronnie Heady Donny Money</u>				P.O. #:																																					
Address: <u>415 W. Wall Suite 520</u>				Company:																																					
City: <u>Midland</u> State: <u>TX</u> Zip: <u>79701</u>				Attn:																																					
Phone #: <u>394-0056</u> Fax #: <u>394-9030</u>				Address:																																					
Project #:				Project Owner:																City:																					
Project Name:				State:																Zip:																					
Project Location:				Phone #:																																					
Sampler Name:				Fax #:																																					
FOR LAB USE ONLY						MATRIX		PRESERV		SAMPLING		<i>Cations/Anions</i>																													
Lab I.D.		Sample I.D.		(GRAB OR C)OMP.		# CONTAINERS		GROUNDWATER		WASTEWATER														SOIL		CRUDE OIL		SLUDGE		OTHER:		ACID/BASE:		ICE / COOL		OTHER:		DATE		TIME	
<u>H11760-1</u>		<u>Antelope #4 CWA</u>																																							

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Terms and Conditions: Interest will be charged on all accounts more than 30 days past due at the rate of 24% per annum from the original date of invoice, and all costs of collections, including attorney's fees.

Sampler Relinquished:		Date:	Received By:		Phone Result: <input type="checkbox"/> Yes <input type="checkbox"/> No		Add'l Phone #:	
		Time:			Fax Result: <input type="checkbox"/> Yes <input type="checkbox"/> No		Add'l Fax #:	
Relinquished By:		Date:	Received By: (Lab Staff)		REMARKS: <u>631-5598 Cell #</u> <u>ASAP</u>			
<u>Lee Roy Heady</u>		<u>11-6-06</u>	<u>[Signature]</u>					
Delivered By: (Circle One)		Time:						
Sampler - UPS - Bus - Other:		Sample Condition		CHECKED BY:				
		Cool / Intact		(Initials)				
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> No <input type="checkbox"/> No						

† Cardinal cannot accept verbal changes. Please fax written changes to 505-393-2476.