	UNITED STATES ARTESIA DISTRICT FORM APPROVED							
rm 3160-5 ugust 2007)	DI	UNITED STA EPARTMENT OF TH		ARTESIAD	101112.0	FORM OMB N	O. 1004	4-0135
	B SUNDRY	-		Expires: July 31, 2010 5. Lease Serial No. NMNM93460 6. If Indian, Allottee or Tribe Name				
		to re-enter an ECE	IVED					
SUBMIT IN TRIPLICATE - Other instructions on reverse s					, 7. If Unit of CA/A second at Name and/or No.			
. Type of Well				8. Well Name and No.				
	🛛 Gas Well 🔲 Ot	her			JOSEY FEDERAL 3			
Name of Opera	tor JSSMAN PERMI	Contac AN LLC E-Mail: DEYLE	A EYLER O-RES.COM		9. API Well No. 30-015-34513-00-S2			
MIDLAND, T	and the second second		ne No. (include area code 32-687-3033))	10. Field and Pool, or Exploratory INDIAN LOAFER			
	·, - ·	T., R., M., or Survey Descrip		11. County or Parish, and State				
Sec 30 T205	8 R23E SESW 66	0FSL 2280FWL		EDDY COUNTY, NM				
1	2. CHECK APP	ROPRIATE BOX(ES) TO ÍNDIC	CATE NATURE OF	NOTICE, R	L EPORT, OR OTHE	R DA	TA
TYPE OF S	BMISSION TYP				PE OF ACTION \sim			
□ Notice of I	ntent	☐ Acidize	· · · C] Deepen	Product	tion (Start/Resume)		Water Shut-Off
Subsequent		Alter Casing	. –	Fracture Treat	Reclam			Well Integrity
	donment Notice	Casing Repair	-	New Construction Plug and Abandon	Recomp	plete rarily Abandon		Other
	dominent Notice	Convert to Inject	N	Plug Back	Water I	-		
12/17/14: SE 25 SXS.CM 12/18/14: PU	r. @ 4.820': WO	final inspection.)) 6,150'; CIRC. WELL C X TAG CMT. @ 4,60 T. @ 3,699'-3,590'; PL)7'.			•		
CMT. TO SU MARKER.	JRF. ON ALL AN	URF. 25 SXS CMT. @ NULI(WITNESSED B` NDONED 12/19/14.	200'-3'; Di Y BLM); WE	G OUT X CUT OFF V LD ON STEEL PLAT	VELLHEAD E TO CSGS	3' B.G.L.; VERIFY 5. X INSTALL DRY H	IOLE	
VVELL FLOC	and alul		`		Accept	ed as to plugging of	fthe	well bore.
				MATION 6.20-15	ATION Liability under bond is retained until			
4. I hereby certif	y that the foregoing i	Electronic Submission	on #286323 v	rerified by the BLM We	I Il Informatio	n System		· · · · ·
•	, c	For NADEL 8 Committed to AFMSS fo	GUSSMAN r processing	PERMIAN LLC, sent to by JAMES AMOS on	o the Carlsba 01/19/2015 (1	id 5JA0179SE)		
Name (Printed/	Typed) DAVID A	EYLER		Title AGEN	Γ.			
Signature	(Élèctronic	Submission)		Date 12/26/2	2014			
	· ·	THIS SPACE		ERAL OR STATE	OFFICE U	SE		· · · ·
Approved By	CCEPT			JAMES A _{Title} SUPERVI			I	Date 01/19/2
anditions of appro-	cant holds legal or ec	ed. Approval of this notice juitable title to those rights uct operations thereon.	does not warra in the subject l	ease Office Carlsba	ad			· ·
rtify that the appli			a it a arima for	·····	d willfully to m	ake to any department of	agenc	v of the Linited
rtify that the appli nich would entitle tle 18 U.S.C. Sect	ion 1001 and Title 42 ctitious or fraudulent	statements or representatio	ns as to any m	any person knowingly and atter within its invision	u whituny to hi L	ake to any department of	agene	y of the onited

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