Form 3160-5 UNITED STATES (March 2012) DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT				FORM APPROVED OMB No. 1004-0137 Expires: October 31, 2014 5. Lease Serial No. NM 58815, NM113407 & NM 130858	
Do not use this f	IOTICES AND REPOR form for proposals to o Use Form 3160-3 (APE	6. If Indian, Allo N/A	6. If Indian, Allottee or Tribe Name		
	T IN TRIPLICATE – Other ins	7. If Unit of CA/	7. If Unit of CA/Agreement, Name and/or No. N/A		
I. Type of Well	Vell Dther		8. Well Name and No. PARKWAY 19-18 FEDERAL COM #1H		
2. Name of Operator NADEL AND GUSSMAN PERMI	AN, LLC	9. API Well No. 30-015-4254	9. API Well No. 30-015-42545		
601 N. MARIENFELD, SUITE 508 MIDLAND, TX 79707 (43		Phone No. <i>(include area co</i> (432) 682-4429		10. Field and Pool or Exploratory Area TURKEY TRACK; BONE SPRING	
4. Location of Well (Footage, Sec., T., 150' FSL, 330' FWL, SECTION 19, T-19-S,			11. County or Parish, State EDDY CO., NM		
12. CHEC	CK THE APPROPRIATE BOX(	ES) TO INDICATE NATUR	E OF NOTICE, REPORT OR	OTHER DATA	
TYPE OF SUBMISSION TYPE OF			PE OF ACTION		
Notice of Intent	Acidize	Deepen Fracture Treat	Production (Start/Resur	Well Integrity	
Subsequent Report	Casing Repair	New Construction Plug and Abandon	Recomplete	COMPLETION	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal		
following completion of the involv testing has been completed. Final determined that the site is ready for SPUD: 9/6/2014 10/27/2014 - RUN CBL/GAMMA 11/13/2014 - 11/18/2014 - FRAC	A PERFORATED FIRST STA	esults in a multiple completion iled only after all requiremen GE FROM 13,910' TO 14, M 8,573' TO 14,059' (960	on or recompletion in a new in ts, including reclamation, have 059 HOLES) WITH 15,482 BBL	nt reports must be filed within 30 days terval, a Form 3160-4 must be filed once been completed and the operator has S SLICK WATER, 81,860 BBLS FRAC 1,141,461 LBS 20/40 OIL PLUS.	
11/19/2014 - 11/21/2014 - DRILL OUT PLUGS AND FLOWBACK WELL 12/11/2014 - SET 2-7/8" TUBING TO 7,499'			NM OIL CONSERVATION ARTESIA DISTRICT		
12/14/2014 - WELL ON PRODU	ICTION	1	JAN <b>26</b> 2015		
		Accept	2/13/15 ed xx Jecord HAOCD	RECEIVED	
14. I hereby certify that the foregoing is the	rue and correct. Name (Printed/Ty	ped)			
SARAH PRESLEY	Title REGUL	ATORY ANALYST	······································		
Signature School PL	isl	Date 01/20/20	015		
	THIS SPACE FC	R FEDERAL OR ST			
Approved by Conditions of approval, if any, are attached that the applicant holds legal or equitable to entitle the applicant to conduct operations to Title 18 U.S.C. Section 1001 and Title 43 fictitious or fraudulent statements or repre	itle to these rights in the subject la	warrant or certify ase which would C subs	ng BLM approvals will equently be reviewed scanned		
fictitious or fraudulent statements or repre	sentations as to any matter within	its jurisdiction.		rtment or agency of the United States any false,	

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