

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
1625 N. French Dr.  
Hobbs, NM 88240

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT-" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

Oil Well  Gas Well  Other

2. Name of Operator

Nadel and Gussman Permian, L.L.C.

3. Address and Telephone No.

601 N. Marienfeld, Suite 508, Midland, TX 79701 915-682-4429

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FNL & 1980' FWL  
Unit C, Sec. 31-15S-30E

5. Lease Designation and Serial No.  
NM-25363

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Champeau Fed No. 1

9. API Well No.

30-005-00518

10. Field and Pool, or Exploratory Area

Little Lucky Lake Morrow

11. County or Parish, State

Chaves Co., NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Return Well to Production</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

1. Set test tank on location and tie flowlines to well and tank.
2. Calibrate and test gas meter run. Check pressure on gas sales line.
3. MIRU Swab unit. GIH, tag fluid and make sure tubing is open.
4. Pump 1500 gallon surfactant w/ 1000 scf/ bbl N2 treatment to break foam and emulsions.
5. Swab and flow back load. Rig down swab unit.
6. Place on test.
7. If rates are sufficient, set permanent production facilities and install plunger lift if necessary.
8. If flow rate is uneconomical, plug well as per BLM regulations.

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

Signed [Signature] Title Robert McNaughton-Operations Engineer Date 06/20/00

(This space for Federal or State office use)  
Approved by (ORIG. SGD.) ALEXIS C. SWOBODA Title PETROLEUM ENGINEER Date JUN 23 2000

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes 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.

