

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

WELL API NO. 30-025-29766
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 16865
7. Lease Name or Unit Agreement Name TONTO 14 STATE
8. Well Number 3
9. OGRID Number 155615
10. Pool name or Wildcat AIRSTRIP N. BONE SPRING

MAR 12 2014

RECEIVED

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 PERMIAN, L.L.C.

3. Address of Operator
601 N. MARIENFELD, SUITE 508, MIDLAND, TX 79701

4. Well Location

Unit Letter E : 1980 feet from the NORTH line and 660 feet from the WEST line
Section 14 Township 18S Range 34E NMPM EDDY County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4020 GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☒ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: ☐

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

NGP RESPECTFULLY REQUESTS T/A EXTENSION PENDING A CASING INTEGRITY TEST. NGP REQUESTS TO RETAIN THIS WELLBORE FOR FUTURE UTILITY AS A SWD FOR FUTURE DEVELOPMENT OF HORIZONTAL PRODUCING WELLS IN THIS AREA

REQUEST 5 YEAR T/A EXTENSION

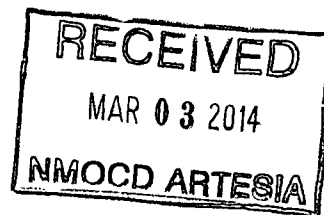
WILL FILE CASING TEST WHEN COMPLETE

RETURN WELL TO PRODUCTION
OR P/A WELL

NO PROD REPORTED IN 182 months MAB

Spud Date:

Rig Release Date:



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Sarah Presley TITLE REGULATORY ANALYST DATE 2/26/2014

Type or print name SARAH PRESLEY E-mail address: SPRESLEY@NAGUSS.COM PHONE: 432-682-4429

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

CONDITION OF APPROVAL: Notify OCD DISTRICT OFFICE
24 HOURS prior to running the TA Pressure Test.

DENIED

MAB/3/18/2014

MAR 18 2014