

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Oil Cons.  
M. Div-Dist. 2  
1301 W. Grand Avenue  
Artesia, NM 88200  
BUREAU OF LAND MANAGEMENT  
Permit Approved  
Budget Bureau No. 1004-0135  
March 31, 1993  
Lease Registration and Serial No.  
LC - 029392 B

**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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	6. If Indian, Allottee or Tribe Name
2. Name of Operator Nadel and Gussman Permian, L.L.C.	7. If Unit or CA, Agreement Designation
3. Address and Telephone No. 601 N. Marienfeld, Suite 508, Midland, TX 79701 915-682-4429	8. Well Name and No. Hinkle B-26 #4
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650' FSL & 2310' FWL Unit K, Sec. 26 - 18S - 31E	9. API Well No. 30-015-05611
	10. Field and Pool, or Exploratory Area Shugart YT, 7R, QN, GB
	11. County or Parish, State Eddy Co., NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" 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 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.)\*

10-23-01 Serviced pumping unit and checked flowline. Put well back on production.

10-24-01 On 24 hour test, made 1 bo and 3 bw, tstm gas.

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

Signed

*[Signature]*

Title Robert McNaughton-Operations Engineer

Date

11-21-01

(This space for Federal or State office use)

Title

Date

Accepted for record

Only

1-11-02

ingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent on.

\*See Instruction on Reverse Side

