	and are	A STATE OF STREET	Decree of man				
Submit 1 Copy To Appropriate District	State	of New Mex	ico			Form C-103 /	
Office District I Energy, Minerals and Natural Resources				October 13, 2009			
1625 N. French Dr. Hobbs, NM 88240				WELL API NO.			
District II'				30-15-25393			
District III 1220 South St. Francis Dr				5. Indicate Type of Lease STATE  FEE			
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505				6. State Oil &			
1220 S. St. Francis Dr., Santa Fe, NM 87505				o. State on e	c Gas Lease 1	10.	
	ES AND REPORTS	ON WELLS		7. Lease Nan	ne or Unit Ag	reement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPLY OF RICE TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORMALIA) FOR SACEL OF					NEW MEXICO STATE EU COM		
PROPOSALS.)	C W-11 57 Other		1 0040	8. Well Num			
L	Gas Well 🛛 Other	MAR 1	L 2010				
2. Name of Operator NADEL AND GUSSMAN PERMIAN LLC				9. OGRID Number 155615			
NADEL AND GUSSMAN PERMIAN LLC  NMOCD A  3. Address of Operator			ARIESIA	10. Pool name or Wildcat			
601 NORTH MARIENFELD, SUITE 508, MIDLAND, TX 79701				BLACK RIVER WOLFCAMP GAS			
				DETER RIVER WOLF CAMIN GAO			
4. Well Location	4000	. ~					
	1980feet from t				from the		
Section 26	Townshi		Range 26E	NMPM		ounty EDDY	
The second secon	11. Elevation <i>(Show)</i> 3248.6	v whether DR, I	RKB, $RT$ , $GR$ , etc	2.)	a prima di		
NOTICE OF INT PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING  DOWNHOLE COMMINGLE   OTHER:  13. Describe proposed or complet of starting any proposed wor proposed completion or recount 1.87" 'F' nipple in 9388'. Set pkr at 9324  Spud Date:	PLUG AND ABAND CHANGE PLANS MULTIPLE COMPL  etcd operations. (Cle k). SEE RULE 19.1 mpletion.  lug, 1.87" 'R' nipple, on/off tool. RIH wi ', 'R' nipple at 9387'	carly state all pe 5.7.14 NMAC. 2 jts 2 3/8" tbg th 295 jts 2 7/8	SUE REMEDIAL WOR COMMENCE DR CASING/CEMEN  OTHER: Tubi rtinent details, at For Multiple Co , 5" Baker Horne " 6/5# L80 tbg, E	SSEQUENT RK [ RILLING OPNS.[ NT JOB [  ng and packer de nd give pertinent ompletions: Atta et pkr COT at	REPORT (  ALTERII  PAND A  ctail dates, includ	NG CASING   A	
I hereby certify that the information a	bove is true and com	plete to the bes	t of my knowleds	ge and belief.			
SIGNATURE Long TITLE NM OPS MGR DATE 03/10/2010							
Type or print nameKem E. McCree For State Use Only	ady F	E-mail address:	_kemm@nagus			32-682-4429	
APPROVED BY: Double Conditions of Approval (if any):	blay_T	TTLE <u>Fiel</u>	d Supervis	io C	DATE 3-	11-2010	