

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103

June 19, 2008

RECEIVED

AUG 25 2009

HOBBSOCD

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. ☒  
30-025-29766

5. Indicate Type of Lease

STATE ☒ FEE ☐6. State Oil & Gas Lease No.  
16865

7. Lease Name or Unit Agreement Name

TONTO STATE 14

8. Well Number 3

9. OGRID Number

155615

10. Pool name or Wildcat

AIRSTRIIP M. (BONE SPRING) ☒ West

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 NORTH MARIENFELD, SUITE 508 MIDLAND TX 79701

4. Well Location

Unit Letter E: 1980 feet from the NORTH line and 660 feet from the SOUTH lineSection 14 Township 18S Range 34E NMPM County LEA11. 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 ☐

OTHER: ☐

## SUBSEQUENT REPORT OF:

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

OTHER: TEMPORARILY ABANDON ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

08/19/09 MIRU PUMP AND PRESSURE TEST CSG TO 600 PSI FOR 30 MIN AND CHART. PRESSURE LOSS 10 PSI.  
TEST WITNESSED BY JOHN HARRISON OF THE NMOCD

REQUEST TA STATUS FOR 5 YEARS.

This Approval of Temporary  
Abandonment Expires 8-27-2011

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 Kem E McCreedy TITLE NM OPERATIONS MANAGER DATE 08/21/2009Type or print name K. E. McCREADY E-mail address: KEMM@NAGUSS.COM PHONE: 432-682-4429

For State Use Only

APPROVED BY: Tony W. Ail TITLE DISTRICT 1 SUPERVISOR DATE SEP 03 2009

Conditions of Approval (if any):

