

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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 14 State

8. Well No.

3

9. Pool name or Wildcat

Airstrip, N. (Bone Spring)

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 Li:

Section 14

Township 18S

Range 34E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

4020' Ground

11.

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. 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.

The proposed work is to set a CIBP @ +/- 9450'. The casing will be pressure tested. Acetic acid will be spotted at +/- 9354'. The interval 9322-9354' will be perforated w/4 JSPF. The zone will be swab tested. If warranted, the zone will be stimulated with 3000 gallons 15% NEFE HCl acid and swab tested to recover load. The interval will be pump tested for production.

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

SIGNATURE

*John D. Rodgers*

TITLE

Operations Engineer

DATE

5/26/99

TYPE OR PRINT NAME

John D. Rodgers

915/682-4429  
TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

APPROVAL BY ANY