| Office Office   |  | New Me                       |   |                          | Form (  |  |
|---|--|------------------------------|---|--------------------------|---|--|
| District I  | Energy, Minerals   | and Natu                     | ral Resources   |                          |   | 4, 2004                                |
| 1625 N. French Dr., Hobbs, NM 88240   |  |                              |   | WELL API NO.             | c anilad  |  |
| District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION   |  |                              | 30-00   | 5-33408                  |   |  |
| District III 1220 South St. Francis Dr.   |  |                              | 5. Indicate Type  |                          |   |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410  |  |                              |   | STATE   FEE              |   |  |
| District IV   | Santa Fe   | e, NM 8                      | /505  | 6. State Oil & C         | Gas Lease No.   |  |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |  |                              |   |                          |   |  |
|   | TICES AND REPORTS O  | N WELLS                      |   | 7 Lease Name             | or Unit Agreement N   | Vame                                   |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A   |  |                              |   | Romulus Fee              | or Omt rigicomont r   | vanic                                  |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH   |  |                              |   | 1 COMMAND 1 CC           |   |  |
| PROPOSALS.)   |  |                              |   | 8. Well Number           |   |  |
| 1. Type of Well:  | 7 04   |                              | RECEIVED  | 1                        |   | Ī                                      |
| Oil Well Gas Well   | <b>⊴</b> Other   |                              | 1. 11 A. O. 90AA  |                          |   |  |
| 2. Name of Operator   | _  |                              | JUN 0 3 2004  | 9. OGRID Num             | ber   | 1                                      |
| Nadel and Gussman Permian, LL   | <u>c</u>   | a                            | PRIARTERIA  | 155614                   | · · · · · · · · · · · · · · · · · · ·   |  |
| 3. Address of Operator  |  |                              |   | 10. Pool name or Wildcat |   |  |
| 601 N. Marienfeld, Suite 508 Mic  | lland, TX 79701  |                              |   | Loving Morrow            | (North) (80695)   |  |
| 4. Well Location  |  |                              |   |                          |   |  |
|   |  |                              |   |                          |   | 1                                      |
| Unit LetterD  | :660feet from the  | :West_                       | line and <u>8</u>   | 40feet fi                | rom theNorth  | line                                   |
|   |  |                              |   |                          |   | ľ                                      |
| Section 17  | Township   | 23 <b>-S</b>                 | Range 28-E  | NMPM                     | County Eddy   |  |
| Decitor 17  | 11. Elevation (Show when   | hether DR,                   | , RKB, RT, GR, etc.)  |                          |   | er de la                               |
|   | 3032   |                              |   |                          |   |  |
| Pit or Below-grade Tank Application (F  | or pit or below-grade tank clos  | ures, a form                 | C-144 must be attached  | <u>D</u>                 |   |  |
| Pit Location: UL_D_Sect_17_Twp_2  | 3S_Rng_28E_Pit type _Drillin   | g Pit_ Depth                 | to Groundwater_50'-   | 100'_Distance from n     | earest fresh water well:  | >200"                                  |
| Distance from nearest surface water   |  |                              |   |                          | <b>;</b>  |  |
| Distance It om near est surface water   | >1000 Delow-grade Tam  | a Location (                 | sett  | _1 wpKug                 | ······································  | 1                                      |
|   |  |                              |   |                          |   |  |
| feet from theline and   | feet from the  | line                         |   |                          |   |  |
| feet from the line and  | feet from the  | line                         |   |                          |   |  |
|   |  |                              | intura of Nation  | Panart or Otho           | r Doto  |  |
| 12. Check   | Appropriate Box to Ir  |                              |   |                          |   |  |
| 12. Check   | Appropriate Box to In  | ndicate N                    | SUB   | SEQUENT RI               | EPORT OF:   |  |
| 12. Check   | Appropriate Box to In  | ndicate N                    |   | SEQUENT RI               |   | NG 🗆                                   |
| 12. Check<br>NOTICE OF I<br>PERFORM REMEDIAL WORK   | Appropriate Box to InNTENTION TO:  PLUG AND ABANDON  | ndicate N                    | SUB:  | SEQUENT RI               | EPORT OF:<br>ALTERING CASIN   | _                                      |
| 12. Check<br>NOTICE OF I<br>PERFORM REMEDIAL WORK   | Appropriate Box to In  | ndicate N                    | SUB   | SEQUENT RI               | EPORT OF:<br>ALTERING CASIN<br>PLUG AND   | и <b>с</b> 🗆                           |
| 12. Check NOTICE OF I PERFORM REMEDIAL WORK   | Appropriate Box to In NTENTION TO:  PLUG AND ABANDON  CHANGE PLANS   | ndicate N                    | SUBS<br>REMEDIAL WORK<br>COMMENCE DRI   | SEQUENT RE               | EPORT OF:<br>ALTERING CASIN   | _                                      |
| 12. Check<br>NOTICE OF I<br>PERFORM REMEDIAL WORK   | Appropriate Box to In NTENTION TO:  PLUG AND ABANDON  CHANGE PLANS  MULTIPLE   | ndicate N                    | SUBSTREMEDIAL WORK COMMENCE DRI CASING TEST AN  | SEQUENT RE               | EPORT OF:<br>ALTERING CASIN<br>PLUG AND   | _                                      |
| 12. Check NOTICE OF I PERFORM REMEDIAL WORK   | Appropriate Box to In NTENTION TO:  PLUG AND ABANDON  CHANGE PLANS   | ndicate N                    | SUBS<br>REMEDIAL WORK<br>COMMENCE DRI   | SEQUENT RE               | EPORT OF:<br>ALTERING CASIN<br>PLUG AND   | _                                      |
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