

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. 30-025-031950-00-00
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-6691
7. Lease Name or Unit Agreement Name: State HH Delaware
8. Well No. 12
9. Pool name or Wildcat SWD Delaware (#SWD 696)

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>	
2. Name of Operator Nadel and Gussman Permian, L.L.C.	
3. Address of Operator 601 N Marienfeld, Suite 508, Midland, Texas 79701	
4. Well Location Unit Letter <u>H</u> : 1980 feet from the <u>N</u> line and <u>350</u> feet from the <u>E</u> line Section <u>36</u> Township <u>16S</u> Range <u>35E</u> <u>32</u> <u>N</u> MPM Lea County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3571 GR	

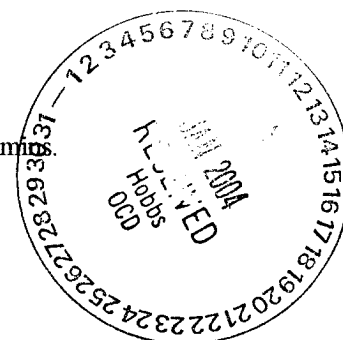
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: MIT Test, Replace injection pkr <input type="checkbox"/>

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

1. MIRU pulling unit. ND wellhead and NU BOP
2. Release pkr and TOH w/ pkr and tbq.
3. MIRU wireline unit and set CIBP @ 7150'. Cap w/ 35' cmt
4. TIH with tbq to 7100'. Load tbq and pressure test csg and CIBP
5. TOH LD tbq,
6. NU dry hole tree with valve. Install Chart recorder and pressure test csg to 350 psi for 30 min.

Notify the NMOCD 24 hrs prior to final pressure test.

THE COMMISSION MUST BE NOTIFIED 24
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS FOR THE C-103
TO BE APPROVED.



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

SIGNATURE K. P. McCreedy TITLE Operations Engineer DATE 1/8/04

Type or print name _____ Telephone No. _____

(This space for State use)
APPROVED BY Gary W. Wink TITLE OC FIELD REPRESENTATIVE #1/STAFF MANAGER
Conditions of approval, if any: _____ DATE JAN 14 2004