Form 3160-5 (September 2001)

FORM APPROVED OMB No. 1004-0135 Expires: January 31, 2004

UNITED STATES N.M. DIV-DIST. 2
DEPARTMENT OF THE INTERIST W. Grand Avenue
BUREAU OF LAND MANAGEMENT ATTESIA, NM 88210
BY NOTICES AND REPORTS OF WELLS.

5. Lease Serial No.

	SUN	idry i	NOTIC	ES AN	ID REP	ORTS	ON M	/ELLS	
Da	not us	e this	form f	or proj	osais t	o drill	or to i	re-enter <u>:</u>	an
ah:	andone	d well.	Use F	orm 31	60-3 (AF	D) for	such t	proposal	S.

NM 28641

Do not use th abandoned we	6. If Indian, Allottee or Tribe Name					
SUBMIT IN TR	NPLICATE - Other instru	ctions on rever	se side	7. If Unit or CA	A/Agreement, Name and/or No.	
1. Type of Well	555	33572				
Oil Well Gas Well	Other		RECEIVED	8. Well Name	and No.	
2. Name of Operator			ADD 0 0 2004	BIG APPLE FED #1		
NADEL AND GUSSMAN PER	MIAN, LLC		APR 0 9 2004 9. API Well No.			
3a. Address		3b. Phone No. (incli	ude a COLARTES	A30-015-3330		
601 N. MARIENFELD MIDLA	ND, TX 70701	(432)682-4429				
4. Location of Well (Footage, Sec., AT SURFACE: 685' FSL & 214 AT PROPOSED PROD. ZONE:	O' FEL			CARLSBAD; MORROW, SOUTH 11. County or Parish, State SEC. 5, T24S-R26E		
12. CHECK AP	PROPRIATE BOX(ES) TO	INDICATE NAT	URE OF NOTICE, RI	EPORT, OR O	THER DATA	
TYPE OF SUBMISSION		•	TYPE OF ACTION			
	Acidize [Deepen	Production (Start	(Resume)	Water Shut-Off	
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity	
	Casing Repair	New Construction		7	Other CMT SURFACE	
✓ Subsequent Report	Change Plans	Plug and Abandon	= :	ndon	CSG	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal			
SPUD 04/03/04 @ 5:00PM 4/5/04 RIH w/ 12 jts (512') 13 3/excess) 35:65 Pos lead, cmt tail (BLM witnessed), cut off conduct WOC FOR 18 HRS.	/8" 48# H-40 STC casing, electr 1 w/ 200 (100% excess) class C	w/ 2% CC, displace	wooden plug 54' from cs NU BOP's. AC	g bottom, circu	OR RECORD 2004 WORDDA	
14. 1 hereby certify that the foregoin Name (PrintedlTyped)	ng is true and correct					
JOSH FERNAU		Title S	STAFF ENGINEER			
Signature J. Fun		Date ()4/06/04			
	THIS SPACE FO	OR FEDERAL OR	STATE OFFICE USE			
Approved by (Signature)			Name (Printed/Typed)	Tit	Title	
Conditions of approval, if any, are certify that the applicant holds leg which would entitle the applicant to	al or equitable title to those rights	does not warrant or in the subject lease	Office		Date	