

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
June 19, 2008

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.)		WELL API NO. 30-015-33974
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator NADEL AND GUSSMAN PERMIAN LLC		6. State Oil & Gas Lease No.
3. Address of Operator 601 N. MARIENFELD STE 508, MIDLAND, TX 79707		7. Lease Name or Unit Agreement Name BIG CHIEF
4. Well Location Unit Letter <u>O</u> : <u>990</u> feet from the <u>S</u> line and <u>1650</u> feet from the <u>W</u> line Section <u>23</u> Township <u>22S</u> Range <u>28E</u> NMPM County <u>EDDY</u>		8. Well Number <u>8</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3097'		9. OGRID Number 155615
		10. Pool name or Wildcat UNDESIGNATED BONE SPRING 9774'

12. 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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: RECOMPLETION <input checked="" type="checkbox"/>	

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.

PERF BONE SPRING 2 6040-6068 112 HOLES TEST UNPRODUCTIVE SQZ W 380 SXS
DRILL OUT CIBP @ 7600'
PERF BONE SPRING @ 7648-7650'; 7660-7684'; 156 HOLES
ACIDIZE W 300 GALS OF 15%HCl; FRAC WITH 2700 BBLS OF 30 # GEL, 190,000 LBS 40/70 SAND AND 12,000 LBS 20/40 SAND

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 K. E. McCready TITLE NM
Operations Manager DATE 5/12/09

Type or print name K. E. McCready E-mail address: kemm@naguss.com PHONE: 432-682-4429

For State Use Only

APPROVED BY: Jacqui TITLE Geologist DATE 5/18/2009
Conditions of Approval (if any):