		exico C\C	/		
Submit 3 Copies To Appropriate District	State of New Me	exico \mathcal{L}^{\prime}		Form C-103	
Office District I	Energy, Minerals and Natu	ral Resources 1/11		Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 87240		MA	ELL API NO.	15 22020	
<u>District II</u> 811 South First, Artesia, NM 87210	OIL CONSERVATION	DIVISION 4	30 - 0 Indicate Type o	15 - 32038	
District III	2040 South Pack	heco	STATE		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 8	7505 ${6}$			
2040 South Pacheco, Santa Fe, NM 87505			V	VO - 6377	
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			7. Lease Name or Unit Agreement Name:		
PROPOSALS.) 1. Type of Well:				El Presidente State	
Oil Well Gas Well 2. Name of Operator	Other	8	Well No.		
Nadel and Gussman Permian, L.L.C. OGRID # 155615			1		
3. Address of Operator			9. Pool name or Wildcat		
601 N Marienfeld, Suite 508, Midland, Texas 79701			Black River Atoka/ Morrow		
4. Well Location					
Unit Letter H :	1930' feet from the No	rth line and 7	60' feet from	the East line	
Section 2 T	ownship 24 - S Rang	e 27 - E NM	PM]	Eddy County	
	10. Elevation (Show whether D				
	3149' GL,				
	propriate Box to Indicate N				
NOTICE OF INTE	ENTION TO:		QUENT REF		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
	CHANGE PLANS	COMMENCE DRILLI	NG OPNS.	PLUG AND ABANDONMENT	
1 022 0111 121 211 0110	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB			
OTHER Amend drilling peri	nit 🗆	OTHER			
Describe proposed or completed operations. (Clearly state all pertinent details, and giv	re pertinent dates, including e	stimated date of start	ing any proposed work). SEE	
RULE 1103. For Multiple Completions: Attac	h wellbore diagram of proposed comple	tion or recompliation.			
Request to Amend Drilling Per Intermediate casing: Set cas impermeable bench to set the	ing at approximately 430	0' instead of 2200	'. We will loo	ok for an n 4500'.	
This will cover the upper Dek	owers and radius the new	shahility of having	to run a 7" li	iner	
i his will cover the upper Dek	swate and reduce die pro	bability of having	toruna / ii	123162	
				-/3 ³³⁵ ▲	
				<i>★</i>	
				RED	
				' /I . ¹)	
I hereby certify that the information a	bove is true and complete to the	best of my knowledge	and belief.		
SIGNATURE	TITLE	Operations Eng	ineer I	DATE//- 29-0/	
Type or print name Robert McN			io. 915 – 682		
(This space for State use)	laugittuii	1 elephone N	/1J — U O.		
ORIGI	NAL SIGNED BY TIM W. GU	M		DEC 1.0 20	
APPPROVED BY DISTR	ICT II SUPERVISOR TITLE			DATE	
Conditions of approval if any:					