

OIL CONSERVATION DIVISION

2040 South Pacheco

Santa Fe, NM 87505

WELL API NO.

30-015-32351

5. Indicate Type of Lease

STATE ☒ FEE ☐

State Oil & Gas Lease No.

NA

6. Lease Name or Unit Agreement
Name:

Carlsbad South 27 State Com

7. Well No.

7

8. Pool name or Wildcat
South Carlsbad Morrow

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 ☐ Gas Well ☒ Other ☐

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 _____ M : 1310' feet from the _____ South line and 660' feet from the _____ West line

Section 27 Township 23-S Range 23-E NMPM Eddy County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

3320' GL 3337' KB

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☒OTHER: ☐

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 recompilation.

9/13/02 Spud well at 04:30 pm. Notified NMOCD.

9/14/02 Drilled 17-1/2" hole to 500'. PU and ran 48 ppf H-40 13-3/8" csg. Csg set down at 430' and would not work deeper. Notified Mr. Phil Hawkins with the NMOCD in Artesia. Mr. Hawkins granted permission to set the casing high at 430'. RU Schlumberger and cmted csg with 330 sxs. Circulated 125 sxs to the pits.

WOC 22.5 hrs. Drill out and test csg to 500 psi. Tested OK.

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

SIGNATURE K. E. McCready TITLE Operations Engineer DATE 8/05/02Type or print name Kem E. McCready Telephone No. 915-682-4429

(This space for State use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISORAPPROVED BY [Signature] TITLE _____ DATE SEP 18 2002

Conditions of approval, if any: