

Submit 3 Copies To Appropriate District Office  
**District I**  
1625 N. French Dr., Hobbs, NM 87240  
**District II**  
1301 W. Grand, 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

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

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

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3320' GL 3337' KB

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

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"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
MULTIPLE COMPLETION <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <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 recompilation.

9/20/02 TD intermediate hole @ 2020'

9/21/02. Run asn set 45 jts of 40# 9-5/8" csg @ 2020'. Cmt w\ 680 sx Class C plus additives. Circ 180 sxs to surface.

9/22/02 WOC 19.5 hrs. Drill out and test csg to 1000 psi. Tested OK.

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

SIGNATURE Kem E. McCready TITLE Operations Engineer DATE 10/09/02

Type or print name Kem E. McCready Telephone No. 915-682-4429

(This space for State use)

APPROVED BY BW ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR TITLE \_\_\_\_\_ DATE SEP 18 2002

Conditions of approval, if any: \_\_\_\_\_