

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.

30-015-25427-00-00

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement
Name: Atalaya Fed 002

8. Well No. 2

9. Pool name or Wildcat
Grayburg, Jackson, Queen, San Andres

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

RECEIVED

APR 05 2004

OCD-ARTESIA

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 I : 1980 feet from the S line and 660 feet from the E line

Section 34 Township 17S Range 30E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3663 GR

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.

A new well sign will be installed by 4/9/04

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 4/01/04

Type or print name K. E. McCready Telephone No. _____
(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

Accepted for record - REMOVED