

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.

30-015-25282-00-00

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement

Name: Brown Crow Federal

8. Well No. 1

9. Pool name or Wildcat

Grayburg Jackson

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

2. Name of Operator

Nadel and Gussman Permian, L.L.C.

FEB 19 2004

OCD-ARTESIA

3. Address of Operator

601 N Marienfeld, Suite 508, Midland, Texas 79701

4. Well Location

Unit Letter A : 990 feet from the N line and 660 feet from the E line

Section 21 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.

Installed well sign as directed by Non-Compliance inspection # iMIB0322548404

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

SIGNATURE *J.E. McCreary* TITLE Operations Engineer DATE 2/17/04

Type or print name Telephone No.

(This space for State use)

APPROVED BY Accepted for record • NMOUDE DATE

Conditions of approval, if any: