

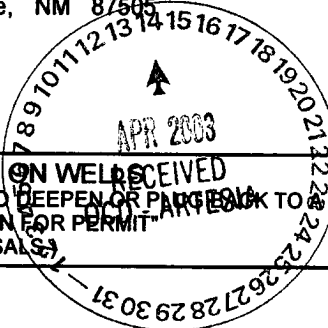
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505



WELL API NO. 30-015-32570
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. 28924
Lease Name or Unit Agreement Name El Presidente State
Well No. #2
Pool name or Wildcat Black River (Atoka/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.)	
Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
Name of Operator Nadel and Gussman Permian, L.L.C.	
Address of Operator 601 N. Marienfeld, Suite 508	
Well Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>24S</u> Range <u>27E</u> NMPM <u>Eddy</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3149</u>	

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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

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

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.

Spud well @ 6:00 PM on 3/22/03
Drill to 510' run 13-3/8" csg. Cmt w/425 sxs cmt. Circulated 130 sx cmt to reserve.
WOC 14.5 hrs, then NU BOP's and test same 24 hrs. Drill out cement after 38.5 hours
Notify NMOCD in Artesia prior to spud and before cementing.

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

SIGNATURE Joel Martin TITLE Engineering Manager DATE 4/8/03
TYPE OR PRINT NAME Joel Martin TELEPHONE NO. 915/682-4429

(This space for State Use)

APPROVED BY Jim M. Guss TITLE District Supervisor DATE APR 16 2003

CONDITIONS OF APPROVAL, IF ANY: