

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-34600
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Hannibal Fee Com
8. Well Number #1
9. OGRID Number 155615
10. Pool name or Wildcat Dublin Ranch; 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, LLC

3. Address of Operator
601 N. Marienfeld Suite 508 Midland, TX 79701

4. Well Location
Unit Letter B : 660' feet from the North line and 1,980' feet from the East line
Section 31 Township 22S Range 28E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,050'

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type Reserve Depth to Groundwater 25' Distance from nearest fresh water well Less than 200' Distance from nearest surface water 200'

Pit Liner Thickness: 20 mil Below-Grade Tank: Volume bbls Construction Material

12. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. 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 recompletion.

05/31/06 Well shut in and monitoring pressure. Rig up casing crew on snubbing unit and Ran 45 jnts. 5 1/2" 20# P-110 casing through snubbing unit. Shut down f/ broke slips, slip dies and weather continue running casing (casing pressure 1275-1300 bled off).

06/01/06 Finish running 252 jnts. 5 1/2"/HCP 110/17#/LTC through snubbing unit. Tag up at 12356' and was 60' to 12416'. Could not wash any further, csg set at 12416' RKB. Circ and condition hole prior to cmt job, good returns. RU Schlumberger and cmt with 10 bbl FW spacer followed by 212 bbls 12.7 ppg 35/65 Pox H + 206 bbls 13 ppg PVL. Good returns through out job, did not bump plug, SD at 2 bbls over displ = 289 bbls. Lift pressure of 2500 psi.. RD Schlumberger.

06/02/06 Shut in well and monitor pressure while waiting on cement. Max pressure 75psi bled off pressure and detected no gas well dead no pressure on back side. Rig down and disassembled snubbing unit and all snubbing equipment. Nipple down BOP, set slips and hooked up tree tested head at 2500psi high and 250 low test good for 30 min. Release rig @ 12:00am

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE [Signature] TITLE Staff Engineer DATE 06/05/06

Type or print name _____ E-mail address: _____ Telephone No. _____

For State Use Only

APPROVED BY: FOR RECORDS ONLY TITLE _____ DATE JUN 09 2006

Conditions of Approval (if any): _____