

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

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.
30-015-32451

5. Indicate Type of Lease
STATE ☐ FEE ☒

State Oil & Gas Lease No.
NA

6. Lease Name or Unit Agreement
Name:

Bond State

7. Well No.

1

8. Pool name or Wildcat
Bass Strawn Gas

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 _____ N : 1980' feet from the _____ North line and 1860' feet from the _____ West line

Section 20 Township 21-S Range 28-E NMPM Eddy County

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

3195' GL 3212' KB

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: SI Notice ☒

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.

11/27/06 SI well. The Bond #1 shares the same 160 spacing unit as the Bond #2. We have completed the Bond #2 in the Strawn and have shut in the Bond #1.

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 12/22/06

Type or print name Kem E. McCready Telephone No. 915-682-4429
(This space for State use)

APPROVED BY FOR RECORDS ONLY TITLE _____ DATE JAN 09 2007
Conditions of approval, if any: