

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

<p>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.)</p>		<p>WELL API NO. 30-025-02764-00-00</p>
<p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p>		<p>5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/></p>
<p>2. Name of Operator Nadel and Gussman Permian, L.L.C.</p>		<p>6. State Oil & Gas Lease No.</p>
<p>3. Address of Operator 601 N Marienfeld, Suite 508, Midland, Texas 79701</p>		<p>7. Lease Name or Unit Agreement Name: Humble Townsend</p>
<p>4. Well Location Unit Letter <u>D</u> : <u>660</u> feet from the <u>N</u> line and <u>1980</u> feet from the <u>E</u> line Section <u>9</u> Township <u>16S</u> Range <u>35E</u> NMPM Lea County</p>		<p>8. Well No. 5</p>
<p>10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4021 GR</p>		<p>9. Pool name or Wildcat Townsend Permo Upper Penn</p>

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 on 4/17/2003. Inspection # iJDR030744698



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

SIGNATURE K. F. Mc Gready TITLE Operations Engineer DATE 6/2/03

Type or print name Telephone No.

(This space for State use)

APPROVED BY Larry W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER
Conditions of approval, if any: TITLE DATE JUN 05 2003