Submit 3 Copies To Appropriate District Office	• State of New Me		Form C-103	
<u>District I</u> Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 87240		Revised March 25, 19 WELL API NO.	99	
District II ON CONCERNATION DIVIGION		30-025-35199-00-00		
811 South First, Artesia, NM 87210 District III			5. Indicate Type of Lease	$\neg$
1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco		STATE FEE	
District IV Santa Fe, NM 87505 2040 South Pacheco, Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement	
(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.)			Name: Shoebar 4 State	
1. Type of Well: Oil Well Gas Well Other				
2. Name of Operator			8. Well No. 1	
Nadel and Gussman Permian, L.L.C.				
3. Address of Operator			9. Pool name or Wildcat	
601 N Marienfeld, Suite 508, Midland, Texas 79701 4. Well Location			Shoe Bar Atoka	
4. Well Location				İ
Unit Letter H :	_1650feet from the _N	line and9	990feet from theEline	;
Section 4		Range 35E	NMPM Lea County	
	10. Elevation (Show whether DI 3979 GR	R, RKB, RT, GR, etc.	r.)	
11. Check Ap	ppropriate Box to Indicate Na	ature of Notice, F	Report or Other Data	BEATENS)
NOTICE OF INTENTION TO: SUBS			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	← ALTERING CASING I  ✓ The state of the	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL	<del></del>	
PULL OR ALTER CASING	MULTIPLE  COMPLETION	CASING TEST AN	ABANDONMENT '	<del>.</del>
OTHER:		OTHER:	1	
12. Describe proposed or complete of starting any proposed work). or recompilation.	d operations. (Clearly state all per SEE RULE 1103. For Multiple C	tinent details, and gi Completions: Attach	ive pertinent dates, including estimated date wellbore diagram of proposed completion	e n
Closed drilling pit as directed by Non-Compliance inspection on 4/17/2003. Inspection # iJDR030652003				
			STA	
			25 Set 81 17 61 60 60 60 60 60 60 60 60 60 60 60 60 60	3000031-12
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE K. F. Mc	bready TITLE	Opention	Enjour DATE 6/2/03	_
Type or print name		Telephor	ne No.	
(This space for State use)	0 00000			***
APPPROVED BY	Wink TITLE	REFRESENTATIVE	II/STAFF MANAGER DATE JUN 05	2003