

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1880, Hobbs, NM 88240

DISTRICT II
P.O. Drawer 100, Artesia, NM 88210

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

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87506

WELL API NO. 30-005-82160
Indicate Type of Lease STATE ☐ FEE ☒
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name LYNX
Well No. 1
Pool Name or Wildcat UND, FUSSELMAN

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 ☐ GAS WELL ☒ OTHER	
Name of Operator N. DALE NICHOLS	
Address of Operator P.O. BOX 1872, MIDLAND, TX 79702	
Well Location Unit Letter <u>G</u> <u>1815</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>19</u> Township <u>6S</u> Range <u>29E</u> <u>NMPM</u> <u>CHAVES</u> County Elevation (Show whether OF, AOS, RT, GR, etc.) <u>3949 GR</u>	

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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 ABANDONMENT ☐
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 1109.

Well is currently plugged. Only need to clean up location and install dry hole marker

4-1-03 Move out company rig

4-5-03 Clean up location. Cut off dead men. Land owner wants cache left like it is.

4-8-03 Install dry hole marker.

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

SIGNATURE John E. Nichols TITLE MANAGER DATE 03-19-2003

TYPE OR PRINT NAME JOHN E. NICHOLS TELEPHONE NO. 915-697-1676

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

N-7