

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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



Oil CONSERVATION DIVISION

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.  
30-005-62160

Indicate Type of Lease

STATE ☐

FEE ☒

State Oil & Gas Lease No.

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.)

Lease Name or Unit Agreement Name  
LYNX

Type of Well:  
OIL ☐  
WELL

GAS ☒  
WELL

OTHER

Name of Operator  
N. DALE NICHOLS

Well No.  
1

Address of Operator  
P.O. BOX 1972, MIDLAND, TX 79702

Pool name or Wildcat  
UND, FUSSELMAN

Well Location

Unit Letter G : 1815 Feet From The NORTH Line and 1980 Feet From The EAST Line

Section 19 Township 8S Range 29E NMPM CHAVES County

Elevation (Show whether DF, RKB, RT, GR, etc.)  
3949 GR

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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 ANBANDONMENT ☒

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 1103.

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 caliche left like it is.

4-17-03 Install dry hole marker.

4-21-03 Well is ready for inspection

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

SIGNATURE

TITLE MANAGER

DATE 04-21-2003

TYPE OR PRINT NAME JOHN E. NICHOLS

TELEPHONE NO. 915-697-1576

(This space for State Use)

APPROVED BY

Accepted for record - NMOCD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: