

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 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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

NOV -1 '90

WELL API NO. 30-005-60822
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Skip
8. Well No. 1
9. Pool name or Wildcat Bullseye (San Andres)

SUNDRY NOTICES AND REPORTS ON WELLS O. C. D. (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 <input type="checkbox"/> GAS Well <input checked="" type="checkbox"/> OTHER	
2. Name of Operator N. Dale Nichols ✓	
3. Address of Operator P.O. Box 1972, Midland, Texas 79702	
4. Well Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>26</u> Township <u>7S</u> Range <u>28E</u> NMPM <u>Chaves</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4079'	

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 ☐
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.

- 1) Ran 2 3/8" tubing to 2759' with seating nipple and perf. nipple on bottom of tubing.
- 2) Ran 2" X 1 1/2" X 10' insert pump
- 3) Installed Lufkin 114D Pumping unit with FM 346 gas engine.
- 4) Pumped 70 BFW, 1/2 BO and 178 MCF gas in 24 hrs.
- 5) Tied into gas gathering system

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

SIGNATURE N. Dale Nichols TITLE Operator DATE 10-29-90
TYPE OR PRINT NAME N. Dale Nichols TELEPHONE NO. (915) 682-5621

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ DATE NOV 6 1990

CONDITIONS OF APPROVAL, IF ANY