Submit 3 Copies to Appropriate District Office	627.	Ene Min	State of New Nerals and Natural I		partment	CI'		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs. A 88240 OIL CONSERVATION DIVISION 2040 Pacheco St.						WELL API NO. 30-005-61891	<u>``</u>	
DISTRICT II P.O. Drawer DD, Artesis NM 88210						Indicate Type of Lea	ıse	
DISTRICT III 1000 Rio Brazos Rd., Azteco NM 87410						STATE FEE FEE L-State Oil & Gas Lease No. L-978		
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"						rLease Name or Unit Agreement Name		
	Ard State							
Type of Well: OIL GAS WELL OTHER								
Name of Operator N. Dale Nichols						eWell No.		
sAddress of Operator P.O. Box 1972, Midland, Texas 79702						Pool name or Wildcat Acme (san andres)		
«Well Location								
Unit Letter : _	1980 F	eet From The	South	Line and	660	Feet From The	East	Line
Section	4	Township	88	Range	27E	NMPM	Chaves	County
		toEleva	ation (Show whether DF	, RKB, RT, GR, el	tc.)		The product of the pr	
11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data								
NOTICE OF INTENTION TO: SUBSEQUE							PORT O	F:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK							ALTERING	CASING
TEMPORARILY ABANDON CHANGE PLANS			COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT					
PULL OR ALTER CASING CASING TEST AND CEM						NT JOB		
OTHER: Change well name OTHER:							************	
12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed								
work) SEE RULE 1103. Change lease name to Ard State								
Change well name to Ard State #2								
Drop standing valve and test tubing to 1000 PSI If tubing is good then retreve standing valve, swab and test well.								
a) in wordy is good then retieve standing valve, small and test well.								
I hereby certify that the information	_	and complete t	o the best of my knowle	dge and belief.				W
SIGNATURE (11		Т	TLE Manager			DATE	04-15-2002
TYPE OR PRINT NAME JOHN E.	Nichols						TELEPHONE NO	o. 915-697-1576
(This space for State Use)	-	1						
APPROVED BY	0	so V	+	ITLE			DATE.	4-27-02
CONDITIONS OF APPROVAL, IF ANY:		17					DATE	