

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P.O. BOX 2888
RECEIVED BY
SANTA FE, NEW MEXICO 87501

SEP 25 1986

O. C. D.

ARTESIAN RESERVE

Form C-103
Revised 10-1-78

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator N. Dale Nichols		5. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 1972 Midland, Texas 79702		7. Unit Agreement Name
4. Location of Well UNIT LETTER L 1780 FEET FROM THE South LINE AND 660 FEET FROM West 25 TOWNSHIP 7S RANGE 28 E NMPM.		8. Farm or Lease Name J. O'Brien
15. Elevation (Show whether DF, RT, GR, etc.) 4079.4 GL		9. Well No. 1
		10. Field and Pool, or Wildcat Undes. San Andres
		12. County Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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.

Acidized through casing perforations 2574-92 with 2000 gallons of 28% hydrochloric acid. Tested well pumping 24 hours, produced 9.5 BO plus 18 BW.

Request an allowable of 10 BOPD

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

SIGNED N. Dale Nichols

TITLE Operator

DATE 9-24-86

Original Signed By
Les A. Clements

APPROVED BY Supervisor District 11

TITLE

DATE SEP 30 1986

CONDITIONS OF APPROVAL, IF ANY: