

- Submit 3 Copies to Appropriate	State Energy, Minerals an	e of New Mexi d Natural Reso		Form C-103 CA Revised 1-1-89					
District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 8824	OIL CONSE	RVATION	N DIVISION	WELL API NO.					
DISTRICT II P.O. Drawer DD, Artesia, NM 88	Santa Fe. No	O. Box 2088 w Mexico 8	4564! 	5. Indicate Type	e of Lease	FEE 😾			
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aziec, NM		6. State Oil & Gas Lease No.							
DIFFEREN	Y NOTICES AND REPOR FOR PROPOSALS TO DRILL OF T RESERVOIR. USE "APPLICA FORM C-101) FOR SUCH PROF	TION FOR PERI	ALL COO BHOIL TO IT	7. Lease Name	or Unit Agreement Name	//////////////////////////////////////			
I. Type of Well: On. WELL. G	AS X on	Lynx							
2. Name of Operator N. Dale	Nichols /	8. Well No. 1							
3. Address of Operator	1972, Midland,	9 Pool name or Wildcat **Tules: Fussleman							
4. Well Location	1372, MIGIANG,	exas 131	32	N. Twin					
Unit Letter	: 1815 Feet From The	North	Line and 1980	O Feet F	from The East	Line			
Service 19	Township 8S	Ran	29E	NMPM	Chaves	County			
Section	////////////// 10. Elevation	n (Show whether E 349 GR	OF, RKB, RT, GR, etc.)						
11.	Check Appropriate Box	to Indicate N	Nature of Notice, I	Report, or Ot	her Data				
NOTICE	OF INTENTION TO:		SU	BSEQUENT	REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABA	MODN	REMEDIAL WORK	<u>_</u>	ALTERING CASIN	G 🗌			
TEMPORARILY ABANDON	CHANGE PLAN	s 🗌	COMMENCE DRILLIN	NG OPNS.	PLUG AND ABAN	DONMENT L			
PULL OR ALTER CASING		CEMENT JOB							
OTHER:									
12. Describe Proposed or Comp work) SEE RULE 1103.	leted Operations (Clearly state all p	errinent details, an	nd give pertinent dates, inc	luding estimated d	ate of starting any propos	ed			
	un Tubing with S. " X 18' insert Po			y a 1 1/2	2" X				
2)	Start Well Pumpi	ng and pu	ut on test						
•	Test Show that the of Condensate and			3 MCF and	d trace				
	Put well back in Condensate	to produc	ction at 203	MCFPD 87	7 BWPD and t	race			
	- have to the best	of my knowledge m	d belief						

4)		well back ensate	into	produ	uction	at	203	MCFPD	87	BWPD	and	tra	сe	
I hereby certify that the information	mation above is	true and complete to th	e best of my		end belief. Pro	duct	ion	Techn	icie	an c	ATE	-24- (91	92	
TYPE OR PRINT NAME		E. Nichols	; 							1	TLEPHO	√E 6 .82	•	621
(This space for State Use)		ORIGINAL SIG MIKE WILLIAN SUPERVISOR,	1S		TILE						DATE	YAY	8	1992
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