

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

WELL API NO.
30-005-00223

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. 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.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
N. Dale Nichols

3. Address of Operator
P. O. Box 1972 Midland, Texas 79702

7. Lease Name or Unit Agreement Name
Lewis Neff

8. Well No.
2

9. Pool name or Wildcat

4. Well Location
Unit Letter I : 990 Feet From The East Line and 1650 Feet From The South Line
Section 32 Township 7S Range 27 E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4020 GL.

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). Move in company pulling unit.
- 2). Pull 2 3/8" tubing with packer.
- 3). Equip well to pump
- 4). Test well through perforations 1945' to 1957'.
- 5). Return well to producing status.

Anticipate work to start near the first week of February 1998.

NOTIFY THIS OGD OFFICE
PRIOR TO WORK.
TLC

Status OK
Since 1994

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 12-2-97
TYPE OR PRINT NAME N. Dale Nichols TELEPHONE NO. (915) 682-5621

(This space for State Use)
ORIGINAL SIGNED BY T.M.W. 2008
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

DEC 23 1997