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

OIL CONSERVATION DIVISION

	Form C-10 Revised 1-1	3 35
ELL API NO. 30-005-00230		i
Indicate Type of Lease	N77	

	P.O. Box 208		30-005-00230	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease	
DISTRICT III	2031-123		STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410	(6)2°,3°	4	6. State Oil & Gas Lease No. B-8638	
SUNDRY NOTICES	AND REPORTS ON WEI	15/1/ 100-		
SUNDRY NOTICES AND REPORTS ON WELLS OF THE BACK TO A		7. Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR (FORM C-101) F	. USE "APPLICATION FOR PE FOR SUCH PROPOSALS.)	RMHT*CPS 20 - Apy	The second secon	
1. Type of Well:		11413		
OIL X GAS WELL	OTHER		State A	
2. Name of Operator			8. Well No.	
N. Dale Nichols 3. Address of Operator			1	
1	nd, Texas 79702		9. Pool name or Wildcat Acme (San Andres)	
4. Well Location	10, 10,00 75702		Acine (Sur Andres)	
Unit Letter B : 660 F	eet From The North	Line and1980	Feet From The East Line	
Section 7	ownship 8S Ra	inge 27E	NMPM Chaves County	
	10. Elevation (Show whether		VIIIIIIIIIIIIIII	
	4038 GL.			
	opriate Box to Indicate l			
NOTICE OF INTENT	INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		
OTHER:		OTHER:		
12. Describe Proposed or Completed Operations (C work) SEE RULE 1103.	Clearly state all pertinent details, as	d give pertinent dates, includ	ling estimated date of starting any proposed	
1). Move in company pull	ing unit.			
2). Run 4" bailer on sand line with depthometer to check for fill.				
3). Clean out to TD of 1990' if necessary.				
4). Run 2" X 5 1/2" tension packer on 2 3/8" tubing and set packer at approx. 1900'. 5). Acid open hole 1965 to 1990' with estimated 2000 gallons.				
6). Test well with swab a			.	
7). If warranted build to			ction.	
Anticipated work to	start in first wee	ek of January. 19	998.	
			, 50 (
PAIDE TO WI	1R/<)			
pain 1 - W	,, , , , , , , , , , , , , , , , , , ,			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE 11. Sale Med	m m	Operator Operator	DATE 12-2-97	

(This space for State Use) ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR

__ PEC 3 1997.

TELEPHONE NO(915) 682-

CONDITIONS OF APPROVAL, IF ANY:

ATTROVED BY -

TYPE OR PRINT NAME N. Dale Nichols