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Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department			C		╉
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO.		ך
DISTRICT II South En New Maxico 87504-2088			5. Indicate Type		-	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	Salita Te, Ivew Mexico 87504-2088			6. State Oil & Gai Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS				B-8638		
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DESPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR HEAMH"				7. Lease Name or Unit Agreement Name		
(FORM C-101) FOR SUCH PROPOSALS) ARTESIA				State A		
2. Name of Operator			8. Well No.			
N. Dale Nichols 3. Address of Operator				9. Pool name or Wildcat		
P. O. Box 1972 Midland, Texas 79702				Acme (Sa	n Andres)	_
Unit Letter <u>A</u> : <u>660</u>	Feet From The North		Line and660	Feet From	m The East Lin	e
Section 7 Township 8S Range 27E NMPM Chaves County						
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4015 GL.						3
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data						
•• •				•	REPORT OF:	
	PLUG AND ABANDON		REMEDIAL WORK			
TEMPORARILY ABANDON	CHANGE PLANS			GOPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING			CASING TEST AND C			
OTHER:			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.						
<ol> <li>Move in company pulling unit.</li> <li>Run 4" bailer on sand line with depthometer to check TD and fluid in hole.</li> <li>Plug back to 1995 with frac sand and cement if necessary.</li> <li>Run 2" X 5 1/2" tension packer on 2 3/8" tubing and set packer at approx. 1900'.</li> <li>Acidize through perforations 1962' to 1972' with estimated 2000 gallons.</li> <li>Test well with swab and/or pumping equipment.</li> <li>If warranted return well to producing status.</li> </ol>						
Anticipated work to start before start 3rd week of January 1998. NOTIFY THIS OCD OFFICE PRIONTO WORK, The						
I hereby certify that the information above is tru SIGNATURE A Safe	e and complete to the best of my knowle Michael	alge and	Operator		12-2-97	
TYPE OR PRINT NAME N. Dale Ni	chols				682-56 TELEPHONE NO. (915)682-	
(This space for State Use)						
ORIGINAL SIGNED BY TIM W. GUM					<b>JEC</b> 3 1997	
AFROVED BY DISTRICT II SUPERIVISOR TITLE					DATE	
CONDITIONS OF APPROVAL, IP ANY:						