Submit 3 Copies to Appropriate District Office

CONDITIONS OF ATTPOVAL FLANY: A CONTRACT OF COLUMN SERVICE OF COLU

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office				
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088 _{RECEIVED}		WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STA	TE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		AUG -6.90	6. State Oil & Gas Lease No.	
SUNDRY NOT (DO NOT USE THIS FORM FOR PR DIFFERENT RESE (FORM (7. Lease Name or Unit Agree Lewis Neff	ement Name		
1. Type of Well: Oll GAS WELL WELL	OTHER SWD			
2. Name of Operator N. Dale Nichols			8. Weli No. 5	
3. Address of Operator P.O. Box 1972 Midla	nd, Texas 79702 - 1972		9. Pool name or Wildcat Acme (San Andre	es)
4. Well Location Unit Letter N : 330	Feet From The South	Line and2310	Feet From The Wes	st Line
Section 32 Township 7 South Range 27 East NMPM Chaves County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4012 GL Cheel Assessment Pow to Indicate Nature of Notice Report or Other Data				
	NTENTION TO:	SU	BSEQUENT REPOR	RT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERI	NG CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN			IND ABANDONMENT L	
PULL OR ALTER CASING	ļ	CASING TEST AND	CEMENT JOB	П
OTHER:		OTHER:		
12. Describe Proposed or Completed Opwork) SEE RULE 1103. We propose to:	ocrations (Clearly state all pertinent details, a	nd give pertinent dates, int	mand extracted ame of surroug	any proposed
2). Acidize through HCL pumped thro 1910' -1930' ar the majority of 3). Test well with	rface equipment. n perforations 1910' - 19 ough B-Jservices Pressur nd 1934' - 1943'. Prior f the fluid to be 1947' - swab and bottom hole pum er SWD or producing statu	e Fluctuation 1 R/A injection s 1950'. p to see if upp	[oo] to attempt to survey identified	open perforation th zone taking
	is true and complete to the best of my knowledge at	od belief.		ATE 8-3-90
SIGNATURE		mue Operator	_	ELEPHONE NO 915) 682-5
TYPE OR PRINT NAME N. Dale N	icnols		TE	22 Inne da 12 1 005-2
MIKE	SINAL SIGNED BY E WILLIAMS ERVISOR DISTRICT IF		D	AUB 9 1990