

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

AUG 27 '90

WELL API NO.

30-005-10002

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 SWD

2. Name of Operator

N. Dale Nichols

7. Lease Name or Unit Agreement Name

Lewis Neff

8. Well No.

5

3. Address of Operator

P.O. Box 1972, Midland, Texas 79702

9. Pool name or Wildcat

Acme (San Andres)

4. Well Location

Unit Letter N : 330 Feet From The South Line and 2310 Feet From The West Line

Section 32 Township 7S Range 27E NMPM Chaves County

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

4012' 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) Pulled all subsurface equipment

2) Acidized perforations 1910' to 1930' and 1934' to 1950' with 2000 gal. 28% HCl pumped by B-J Services using their Pressure Fluctuation Tool on 8-8-90.

3) Reinstall all subsurface equipment and put well on test pumping test show making 33 bbls total fluid with 3 bbls OIL and 30 bbls water.

4) Shut well down to evaluate on 8-23-90

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Don E. Nichols

TITLE

Production Technician

DATE 8-24-90

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

AUG 31 1990

CONDITIONS OF APPROVAL IF ANY: