

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  
2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.  
30-005-10429

Indicate Type of Lease  
STATE ☒ FEE ☐

State Oil & Gas Lease No.  
E-3814

Lease Name or Unit Agreement Name  
Standard State

Well No.  
3

Pool Name or Wildcat  
ACME (San Andres)

Well Location  
Unit Letter B : 990 Feet From The North Line and 1850 Feet From The East Line  
Section 5 Township 8S Range 27E NMPM Chaves County

Elevation (Show whether DF, RKB, RT, GR, etc.)  
4005

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.)

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

Name of Operator  
N. Dale Nichols

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

Well Location  
Unit Letter B : 990 Feet From The North Line and 1850 Feet From The East Line  
Section 5 Township 8S Range 27E NMPM Chaves County

Elevation (Show whether DF, RKB, RT, GR, etc.)  
4005

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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: ☐

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) Rig up cable tool rig
- 2) Check top of cement and record depth.
- 3) Drill cement plug.
- 4) run tubing to 400' and set packer. test casing to 500 psi.
- 5) if casing holds clean out well to TD. Put back on production.
- 6) If casing does not hold re-squeeze casing.
- 7) Produce well - TA well AS per Rule 203 or PA well AS per Rule 202



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

SIGNATURE [Signature] TITLE Manager DATE 12-19-2001

TYPE OR PRINT NAME John E. Nichols TELEPHONE NO. 915-697-1578

(This space for State Use)

APPROVED BY [Signature] TITLE Field Rep ID DATE 1-10-02

CONDITIONS OF APPROVAL, IF ANY: