

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

WELL API NO.  
30-005-10432

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 ☐

2. Name of Operator  
N. Dale Nichols

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

7. Lease Name or Unit Agreement Name  
Lewis Neff

8. Well No. 3

9. Pool name or Wildcat  
Acme (San Andres)

4. Well Location  
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line  
Section 32 Township 7S Range 27E NMMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4020 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). Move in company pulling unit.
- 2). Run 2 3/8" tubing with 2 X 4 1/2" tension packer and set packer at approx 1900'.
- 3). Acidize through perforations 1917 to 1960 with approximately 2000 gallons.
- 4). Return well to producing status.

Anticipated work to begin before first week of March 1998.

NOTIFY THIS OFFICE PRIOR  
TO WORK.  
TUE

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

SIGNATURE N. Dale Nichols TITLE Operator DATE 12-2-97  
TYPE OR PRINT NAME N. Dale Nichols TELEPHONE NO. (915) 682-5621

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

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE DEC 3 1997

CONDITIONS OF APPROVAL IF ANY: