Submit 3 Cocies

## State of New Mexico

	Op	Form C-103 Revised 1-1-89
LL API NO.	1	

District Office		Energy, Mineral	s and Natural I	Resources D	epariment		UN		
DISTRICT   P.O. Box 1980, Hobbs, NM 88240		OIL CONSERVATION DIVISION 2040 Pacheco St.				WELL API NO. 30-005-10463			
DISTRICT II P.O. Drawer DD, Artesia, NM 8821	10	Sa	nta Fe, NM	8/505		sIndicate Type of I		FEE _	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8	7410				•	•State Oil & Gas L VA-613	ease No.		
SUNDRY NOTICES AND REPORTS ON WELLS				Approximation of the control of the					
(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.)				rLease Name or Unit Agreement Name Avalanche Journal State					
√Type of Well: Oil. GA WELL ⊠ WE	ks ELL		OTHER					and the state of the	
2Name of Operator N. Dale Nichols						eWell No. ∙1			
sAddress of Operator P.O. Box 1972, Midland, Texas 79702					Pool name or Wildcat ACME (San Andres)				
«Well Location					48.00		444		
Unit Letter <u>F</u> : _	19870 F	eet From The	North	Line and	1650	Feet From Ti	<sub>re</sub> West	Line	
Section	4	Township	88	Range	27E	NMPM	Chaves	County	
		mElevation 3952 Gr	(Show whether D	F, RKB, RT, GR,	etc.)		and adjusted the second	Section of the control of the contro	
11 CI	heck App	ropriate Box	to Indicate N	lature of N	lotice, Re	port, or Othe	r Data		
NOTICE OF INTENTION TO: SUB				SUB	SEQUENT REPORT OF:				
PERFORM REMEDIAL WORK		PLUG AND AB	ANDON	REMEDIAL	WORK		ALTERING CA	SING	
TEMPORARILY ABANDON		CHANGE PLA	NS	COMMENC	E DRILLING O	PNS.	PLUG AND ANE	SANDONMENT	
PULL OR ALTER CASING				CASING TE	ST AND CEM	ENT JOB			
OTHER:				OTHER: Temporarily Abandon					
12Describe Proposed or Complete work) SEE RULE 1103.									
1) Fill 5 1/2" casing from	n plug back	depth of 1957' t	o 1922' with 50	0 pounds 20/	40 Frac sar	nd covering Perfe	oration 1927' to 19	952'	
2) Using dump bailer de	ump 10 sac	k cement from 19	922' to 1864'. T	agged up @	1864'.				

- Run required casing integrity test as per rules 203 & 704. Pressuered to 530 PSI. Shut in for 30 min. Sent in chart to OCD. 3)

I hereby certify that the information above is true and complete to the best of my knowledge and belief. 10-31-2001 TELEPHONE NO. 915-697-1576 TYPE OR PRINT NAME John E. Nichols (This space for State Use) Compliance Officer DATE /1-13-01

