

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. 30-005-10513
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. E-3614
Lease Name or Unit Agreement Name Standard State
Well No. 6Y
Pool name or Wildcat ACME (San Andres)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator N. Dale Nichols	
Address of Operator P.O. Box 1972, Midland, Texas 79702	
Well Location Unit Letter <u>G</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line Section <u>5</u> Township <u>8S</u> Range <u>27E</u> NMPM <u>Chaves</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3977	

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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: ☐

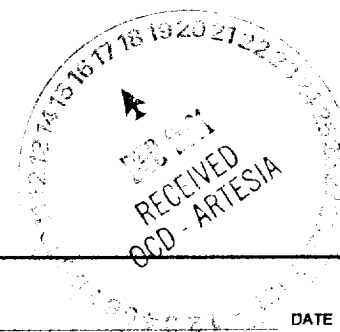
**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐  
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.

NOTE: 4 1/2" casing was shot from 1940' to 1962' with 60 quarts of nitroglycerine. May have casing problems.

- 1) Move in cable tool rig. Pull tubing.
- 2) Run cable tools with 3 3/4" casing swage and go to bottom. If swage goes to bottom clean out and run tubing with tension packer and check integrity of casing. If casing leaks run wire line to check for holes.
- 3) Other intentions will forthcoming after results of testing



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

SIGNATURE John E. Nichols TITLE Bookkeeper DATE 12-14-2001

TYPE OR PRINT NAME John E. Nichols TELEPHONE NO. 915-697-1576

(This space for State Use)

APPRO Accepted for record TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDIT only 1-10-02