

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.

30-005-63170

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, TX 79702

7. Lease Name or Unit Agreement Name

J. Kyle

8. Well No.

1

9. Pool name or Wildcat

Elkins San Andres

4. Well Location

Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line

Section 26 Township 7 South Range 28 East NMPM Chaves County

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

4057 GR.

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.

Well shut in 9-14-98 to 10-27-98 for pressure built up. Max surface pressure 681 PSI.

1) Rig up pump truck. Pumped 36 Bbls. condensate followed by 100 Bbls. KCL water with 55 gallons of Par Act follow by 36 Bbls. KCL water to break up possible water block.

2) Left shut in 48 Hrs.

3) Recovered all of load.

4) Final gauge pumped 36 Bbls water and 9 MCFGPD.

Shut down. T.A. 11-17-98

Condition of Approval: Pressure test casing above packer
CIBP

15 minutes test on
Recorder chart.

Notify N.M.O.R. to witness A.T.



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 11-23-98

TYPE OR PRINT NAME N. Dale Nichols

915
TELEPHONE NO. 682-5621

(This space for State Use)

APPROVED BY Max S. Wellfield

TITLE Field Rep. #

DATE JAN 28 99

CONDITIONS OF APPROVAL IF ANY: