

CIST
OP

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-005-63170
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)	
Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	Lease Name or Unit Agreement Name J. Kyle
Name of Operator N. Dale Nichols	
Address of Operator P.O. Box 1972, Midland, Texas 79702	Well No. 1
Well Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line Section 26 Township 7S Range 28E NMPM Chaves County	Pool name or Wildcat ELKINS (San Andres)
Elevation (Show whether DF, RKB, RT, GR, etc.) 4057 Gr	

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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.

- 1) Fill 5 1/2" casing from current fill of 2655' to 2500' to cover all perforations of the P1 and P2 zones of the San Andres with 2115 #,s 20/40 frac sand.
- 2) Using dump bailer dump ~~back~~ cement from 2500' to ~~2444'~~ - 2450' TAG
- 3) Run required casing integrity test. As per Rules 203 & 704



Give OGD 24 HRS Notice Prior to Any Work

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

SIGNATURE N. Dale Nichols TITLE Owner DATE 09-10-2001

TYPE OR PRINT NAME N. Dale Nichols

TELEPHONE NO. 915-697-1576

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE 9-10-01

CONDITIONS OF APPROVAL, IF ANY: