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Submit 3 Copies to Appropriate District Office	State of New Mex Energy, Minerals and Natural Re	Form C-103 Revised 1-1-89 WELL API NO. 30-005-63214 5. Indicate Type of Lease STATE X FEE			
DISTRICTI P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088				
DISTRICT II P.O. Drawer DD, Artesia, NM 88210					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		A 2	6. State Oil & Gar L		
	<u></u>	Contraction The	<b>└</b> -3614	mmmm	mm
SUNDRY NOT ( DO NOT USE THIS FORM FOR PRO DIFFERENT RESEF (FORM C	7. Lease Name or Unit Agreement Name Standard-State				
1. Type of Well: OL GAS WELL WELL	onæWater Su	E1 21 1101 0 Well			
2. Name of Operator		<u></u>	8. Well No. 5		:
N. Dale Nichols Address of Operator P. O. Box 1972	Midland, Texas 79702	· · · · · · · · · · · · · · · · · · ·	9. Pool name or Will Acme (San A	ndres)	
4. Well Location H 1500 Unit Letter :		330		East he	Line
F		nge 27 East	NMPM Chaves		County
Section 3	10. Elevation (Show whether 1 3991 GL	DF, RKB, RT, GR, etc.)			
II. Check	Appropriate Box to Indicate N	Nature of Notice, R	eport, or Other I	Data	
NOTICE OF IN			SEQUENT RE		
		REMEDIAL WORK		LTERING CASING	K
	CHANGE PLANS	COMMENCE DRILLIN	gopns. 🗶 p	LUG AND ABANDON	
PULL OR ALTER CASING					ŕ _
отн <b>ея</b> : <u>Change from Oil we</u> l	<u>l to Water Supply W</u> X	OTHER:			
work) SEE RULE 1103. COMPLETED OPERATIO 1). Spudded 7-27-9 2). Hit water sand 3). Hit granite (I PROPOSED OPERATION 1). Plug back with 2). Run 265' of 7' 3). Gravel pack with 4). Fill outside 7	99 with cable tools and 1 from 209' tO 251', est Railroad Mountain) at 29	a 10" bit. imated at 10 ga 5' and could no 65'. water entry fr casing from 26 h caliche and d	llons water po t make further om 205' to 25 5' to 200'. irt.	er minute. r hole. 5'.	water
I hereby certify that the information above is tr	ue and complete to the best of my knowledge and		@= = w= + = :=		
SKINATURE		ne	Operator	- DATE (915) 682	-5621
TYPE OR PRINT NAME	N. Dale Nichols			TELEPHONE NO.	
(This space for State Use)					

ATTROVED BY Record Only	L				
CONDITIONS OF APPROVAL, IF ANY:					

- DATE