Submit 3 Copies to Appropriate

State of New Mexico ergy, Minerals and Natural Resources Departm.

Form C-103 Revised 1-1-8

District Office	ergy, Minerals and Natural Resources Departm.		Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease
DISTRICT III			STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State (XI & Gas Lease No. E-2118
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESE	ICES AND REPORTS ON WE DPOSALS TO DRILL OR TO DEEPEI RVOIR. USE "APPLICATION FOR PE -101) FOR SUCH PROPOSALS.)	N OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: Off. GAS WELL WELL WELL	OTHER		State 'G'
2. Name of Operator			8. Well No.
Charles B.	Gillespie, Jr.		7
3. Address of Operator			9. Pool name or Wildcat
P. O. Box 8	Midland, Texas 79	3702	Saunders Permo Upper Penn
Section 3	10. Elevation (Show whether 4206	DF, RKB, RT, GR, etc.)	NMPM Lea County
NOTICE OF INT	Appropriate Box to Indicate ENTION TO:		eport, or Other Data SEQUENT REPORT OF:
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
ULL OR ALTER CASING		CASING TEST AND CE	
THER:		1	
 Describe Proposed or Completed Operations (National Complete Proposed of Completed Operations). 	ions (Clearly state all pertinent details, a	nd give pertinent dates, inclu	ting estimated date of starting any proposed
/01/89: Set cast iron	bridge plug at 9757'.		
Dumped 4 sx ce /07/89: Ran 2 3/8" tub	ment on top of bridge ing to 9720 <mark>',</mark> tagged p	lug.	
	ud and displaced hole.		
	ed 25 sx cement at 770 lled 5 1/2" casing fro		
	ed 25 sx cement at 606		" casing stub.
Tagged plug at	5950'.		
/13/89: Tagged plug at	ed 30 sx cement <mark>at 420</mark> 4092'. Cut off wellh		d been circulated behind
	ed 30 sx cement at 240		
——— Mixed and pump	ed 30 sx cement at <mark>300</mark> ed 10 sx cement at sur	face. Welded A	' marker to surface pipe, cleane
hereby certify that the information above is true	and complete to the best of my knowledge and	belief.	locat
SIGNATURE SUCH SUC.	Sasty m	Production	Manager 3/5/90
TYPEOR PRINT NAME David W. Ho	astings//		TELEPHONE NO. (915)683-17
(This space for State Use)	0 DL J	OIL & GAS	INSPECTOR MAY 2 1 1991
MIROVED BY LUXUE VI	AMIA) III		INSPECTOR MAY 3 1 1991
CONDITIONS OF APPROVAL, IF ANY:			