

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

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., Aztec, NM 87410

WELL API NO.
30-025-01230

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
E-819

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.)

7. Lease Name or Unit Agreement Name
State 'E'

1. Type of Well:
OIL WELL GAS WELL OTHER Injection Well

8. Well No.
4

2. Name of Operator
Charles B. Gillespie, Jr.

3. Address of Operator
P. O. Box 8 Midland, Texas 79702

9. Pool name or Wildcat
Wildcat

4. Well Location
Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line
Section 9 Township 15-S Range 33-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4198' GR 4210' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: Temporarily Abandon <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Request Temporarily Abandon status of well. Well will be used as injector in secondary recovery operation.

1. Set bridge plug above injection interval at 4950'.
2. Dump 2 sx cement on top of bridge plug.
3. Load casing and test to 500#.
4. Will notify Division Office 24 hours prior to commencing work.

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

SIGNATURE David W. Hastings TITLE Production Manager DATE 4/2/91
TYPE OR PRINT NAME David W. Hastings TELEPHONE NO. 915-683-1765

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 04 1991