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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
B-11068

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator CHARLES B. GILLESPIE, JR.	8. Farm or Lease Name State
3. Address of Operator P. O. Box 1179, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER D , 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 35 TOWNSHIP 13 S RANGE 33 E NMPM.	10. Field and Pool, or Wildcat Lazy J
15. Elevation (Show whether DF, RT, GR, etc.) 4222' DF	12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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.

- Scale will be drilled out and casing scraped to old total depth of 9792'
- Former perforationsa from 9706-9717 will be perforated and acidized with 500 gallons 28% acid
- Old perforations from 9765-9792 TD will be acidized with 500 gallons 28% acid.
- Well will be placed back on production

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

SIGNED Charles Gillespie, Jr. TITLE Operator DATE 4/2/68
APPROVED BY Joe D. Hamey TITLE Secretary DATE
CONDITIONS OF APPROVAL, IF ANY: