Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

OIL CONSERVATION DIVISION

|              | l i /       |
|--------------|-------------|
| WELL API NO. | <del></del> |
| 30-          | £125-01145  |
|              |             |

| P.O. Box 2088  DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088 |  | 30-125-01145          |                                 |   |
|---|--|-----------------------|---------------------------------|---|
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM   |  |                       |                                 | 5. Indicate Type of Lease  STATEXX  FEE  6. State Oil & Gas Lease No. |
| DIFFERENT   | NOTICES AND REPORT OR PROPOSALS TO DRILLI<br>RESERVOIR. USE "APPL<br>ORM C-101) FOR SUCH P | L OR TO DEEPEI        | N OR PLUG BACK TO A             | 7. Lease Name or Unit Agreement Name                                  |
| OIL GA  |  | OTHER                 |                                 | State J   |
| 2. Name of Operator   |  |                       |                                 | 8. Well No.   |
| CHARLES B GILLESE   | 'IE JR   |                       |                                 | 2   |
| 3. Address of Operator  | . J  |                       |                                 | 9. Pool name or Wildcat   |
| P.O. BOX 8 Midlar. 4. Well Location   | id, 1x. /9/02  |                       |                                 | Saunders Perm Upper Penn  |
| Unit LetterL:   | 1980 Feet From The   | south                 | Line and 660                    | Feet From TheWest Line  |
| Section 23  | Township 1   | .4-S R:               | 12 E                            |   |
|   |  |                       | DF, RKB, RT, GR, etc.)          | NMPM Lea County   |
|   |  |                       |                                 |   |
| 11. Ch  | neck Appropriate Box   | x to Indicate         | Nature of Notice, Re            | eport, or Other Data  |
| NOTICE OF INTENTION TO: SUBS  |  | SEQUENT REPORT OF:    |                                 |   |
| PERFORM REMEDIAL WORK   | PLUG AND AE  | BANDON                | REMEDIAL WORK                   | ALTERING CASING   |
| TEMPORARILY ABANDON   | CHANGE PLA   | NS                    | COMMENCE DRILLING               | OPNS. PLUG AND ABANDONMENT X  |
| PULL OR ALTER CASING  |  |                       | CASING TEST AND CE              |   |
| OTHER:  |  |                       |                                 | MEIAI 20B   |
|   |  |                       | OTHER:                          |   |
| <ol> <li>Describe Proposed or Completed<br/>work) SEE RULE 1103.</li> </ol>                   | Operations (Clearly state all )  | pertinent details, an | d give pertinent dates, includi | ing estimated date of starting any proposed                           |
| (1) Set $5\frac{1}{2}$ CIBP @ (2) Load hole w/m   | 9500' cap w/35'  | cement                |                                 |   |
| (3) Spot 25 sacks   | cement @ 6500'   |                       |                                 |   |
| (4) Spot 40 sacks   | cement @ 4217 t  | o cover 7 5           | 5/8 shoe & 5⅓ 1i                | ner ton. W.O.C  |
| tag prug @3989  | 9 '  |                       |                                 |   |
| any cement, re  | e-squeexed 35 sad  | cks cement            | W.O.C. tag plug                 | W.O.C. did not tag<br>@204'   |
| (6) Spot 15 sacks   | cement @ surface   | d, set P&A            | marker                          |   |
|   |  |                       |                                 | $A_{ij}$  |
|   |  |                       |                                 | 1   |
|   |  |                       |                                 |   |

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|--|---------------|
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. |               |
| SIGNATURE Maymon Marcharato TITLE Dapenious  | DATE 11-20-43 |
| TYPE OR PRINT NAME   | TELEPHONE NO. |
| (This space for State Use)   |               |
| APPROVED BY ARCH! TOURS  |               |

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CONDITIONS OF APPROVAL, IF ANY: