Submit 3 Copies to Appropriate District Office

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

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

OIL CONSERVATION DIVISION

Form C-103 Revised 1-1-89

DISTRICT II	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-125- 01173
P.O. Drawer DD, Artesia, NM 88210		0,50, 2000	5. Indicate Type of Lease  STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVO	ES AND REPORTS ON WE DSALS TO DRILL OR TO DEEPEN DR. USE "APPLICATION FOR PE 1) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL WELL X GAS WELL	OTHER		State K
<ol> <li>Name of Operator CHARLES B GILLESPIE JR</li> </ol>		,	8. Well No.
3. Address of Operator	<del></del>		1
P.O. BOX 8 Midland, Tx.	79702		9. Pool name or Wildcat Sauners Permi & Upper Penn
4. Well Location			padmers remiga opper remi
Unit Letter P: 660	Feet From The south	Line and660	Feet From TheeastLin-
Section 29	Township 14-S Ra	inge 33-E	NMPM Lea County
	10. Elevation (Show whether 4234 DF	DF, RKB, RT, GR, etc.)	NMPM Lea County
	////	<del></del>	
11. Check Ap	propriate Box to Indicate I	Nature of Notice, Re	eport, or Other Data
NOTICE OF INTE	NTION TO:	SUB	SEQUENT REPORT OF:
NO FICE OF INTE	NTION TO:	SUBS	
[			SEQUENT REPORT OF:  ALTERING CASING
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	SEQUENT REPORT OF:  ALTERING CASING  OPNS. PLUG AND ABANDONMENT
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON	REMEDIAL WORK COMMENCE DRILLING	SEQUENT REPORT OF:  ALTERING CASING  OPNS. PLUG AND ABANDONMENT
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING  DTHER:  12. Describe Proposed or Completed Operations	PLUG AND ABANDON CHANGE PLANS	REMEDIAL WORK COMMENCE DRILLING CASING TEST AND CEI OTHER:	SEQUENT REPORT OF:  ALTERING CASING  OPNS. PLUG AND ABANDONMENT  MENT JOB
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING  DTHER:	PLUG AND ABANDON CHANGE PLANS	REMEDIAL WORK COMMENCE DRILLING CASING TEST AND CEI OTHER:	SEQUENT REPORT OF:  ALTERING CASING  OPNS. PLUG AND ABANDONMENT  MENT JOB
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING  DTHER:  12. Describe Proposed or Completed Operations work) SEE RULE 1103.  (1) Set 5½ CIBP @9500' completed of Completed Operations work) SEE RULE 1103.	PLUG AND ABANDON  CHANGE PLANS  (Clearly state all pertinent details, and eap w/35' cement  plug @6500'	REMEDIAL WORK COMMENCE DRILLING CASING TEST AND CEI OTHER:  d give pertinent dates, include	SEQUENT REPORT OF:  ALTERING CASING  OPNS. PLUG AND ABANDONMENT   MENT JOB  ing estimated date of starting any proposed
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING  DTHER:  12. Describe Proposed or Completed Operations work) SEE RULE 1103.  (1) Set 5½ CIBP @9500' of (2) Load hole w/mud (3) spot 25 sacks cement (4) spot 35 sacks cement tag plug @4007'	PLUG AND ABANDON  CHANGE PLANS  (Clearly state all pertinent details, and eap w/35' cement  plug @6500' plug @ 4229' to cov	REMEDIAL WORK  COMMENCE DRILLING  CASING TEST AND CEI  OTHER:  d give pertinent dates, include  a  eer 8 5/8 shoe &	SEQUENT REPORT OF:  ALTERING CASING  OPNS. PLUG AND ABANDONMENT   MENT JOB  ing estimated date of starting any proposed  5' linger top W.O.C.
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING  DTHER:  12. Describe Proposed or Completed Operations work) SEE RULE 1103.  (1) Set 5½ CIBP @9500' of (2) Load hole w/mud (3) spot 25 sacks cement (4) spot 35 sacks cement tag plug @4007'  (5) Perforate 8 5/8 casi	PLUG AND ABANDON  CHANGE PLANS  (Clearly state all pertinent details, and eap w/35' cement  plug @6500' plug @ 4229' to covering @ 260', squeezed	REMEDIAL WORK  COMMENCE DRILLING  CASING TEST AND CEI  OTHER:  d give pertinent dates, include  er 8 5/8 shoe &  w/60 sacks cemen	SEQUENT REPORT OF:  ALTERING CASING  OPNS. PLUG AND ABANDONMENT   MENT JOB  ing estimated date of starting any proposed  5' linger top W.O.C.  at W.O.C. did not tag any
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Maynon Markenado me Supeniera	DATE 1/- 20-93
TYPE OR PRINT NAME	TELEPHONE NO.
(This space for State Use)	
	5 T 6 1

CONDITIONS OF APPROVAL, IF ANY:

20 1094

- DATE -