

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

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

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

4. Well Location
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line

Section 33 Township 14S Range 33E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4197 DF

7. Lease Name or Unit Agreement Name Stevens
8. Well No. 1
9. Pool name or Wildcat Saunders Permo Upper Penn

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Temporarily Abandon ☒

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.

5/11/90: Set 50 sx plug at 9634'. Wait on cement.

5/14/90: Tagged Cement plug at 9351'. Mixed 10 ppg mud and displaced hole.
Mixed and pumped 25 sx cement at 7618'.
Mixed and pumped 50 sx cement at 5100'.

5/15/90: Tagged plug at 4966'.
Pulled tubing. Shut well in.
Request TA status of well from date of approval.

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 5/31/90

TYPE OR PRINT NAME David W. Hastings TELEPHONE NO. 915-683-1765

(This space for State Use)
ORIGINAL SIGNED BY LEADS SECTION
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUN 05 1990

CONDITIONS OF APPROVAL, IF ANY:

24/0000 12-1-90