

NEW MEXICO OIL CONSERVATION COMMISSION

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FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
 State Fee

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO WELLS OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO REOPEN C-103 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 Stevens
3. Address of Operator P.O. Box 8, Midland, Tx 79702	9. Well No. 1 6
4. Location of Well UNIT LETTER B 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 33 TOWNSHIP 14S RANGE 33E N.M.P.M.	10. Field and Pool, or Wildcat Saunders
15. Elevation (Show whether DF, RT, GR, etc.) 4219 DF	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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 1703.

1. Rods will be run and well placed on pump with no change in producing perforations.

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

SIGNED Charles B. Gillespie, Jr. TITLE Operator DATE 9-5-78

APPROVED BY [Signature] TITLE [Signature] DATE SEP 5 1978

CONDITIONS OF APPROVAL, IF ANY: [Signature]