

OF COPIES RECEIVED	
DISTRIBUTION	
SAFETY	
FILE	
U.S.G.S.	
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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name	
2. Name of Operator Charles D. Gillespie, Jr.		8. Farm or Lease Name Stevens	
3. Address of Operator P.O. Box 1414, Midland, Tx 79701		9. Well No. 6	
4. Location of Well UNIT LETTER B , 600 FEET FROM THE North LINE AND 1000 FEET FROM THE West LINE, SECTION 33 , TOWNSHIP 14S , RANGE 31E , NMPM.		10. Field and Pool, or Wildcat Stevens Permian-Penn	
15. Elevation (Show whether DF, RT, GR, etc.) 4211 DF		12. County Lea	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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 1103.

1. Tubing will be pulled and the well placed on production

2. Work will be done in November-December 1974

Expires 10/1/75

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

SIGNED <u>Charles D. Gillespie, Jr.</u>	TITLE <u>Operator</u>	DATE <u>10-23-74</u>
APPROVED BY <u>Joe D. Hickey</u>	TITLE <u>Dist. 1, Supervisor</u>	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		