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LAND OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-101
Effective 1-1-65

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 DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-		7. Unit Agreement Name
2. Name of Operator Charles B. Gillespie, Jr.		8. Form or Lease Name SH
3. Address of Operator 300 Mid-America Building, Midland, Texas 79701		9. Well No. 1
4. Location of Well UNIT LETTER E 198C FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 35 TOWNSHIP 14 RANGE 33 NMPM.		10. Field and Pool, or Reservoir Saunders
15. Elevation (Show whether DF, RT, GK, etc.) U.K.		12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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. Spotted a 25 sx cement plug @ 8586'.
2. Spotted a 25 sx cement plug @ 5½ casing stub @ 5500'.
3. Spotted a 25 sx cement plug @ 4200', base of 8-5/8 casing.
4. Spotted a 25 sx cement plug @ 8-5/8 casing stub @ 1030'.
5. Spotted a 25 sx cement plug @ base of surface casing.
6. Spotted a 10 sx top-hole plug & set a regulation marker.
7. Hole was loaded w/mud-laden fluids.
8. Well was plugged & abandoned on 5/18/72.

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

SIGNED Nathan E. Clegg TITLE Agent DATE 3/5/72

APPROVED BY Nathan E. Clegg TITLE OIL & GAS INSPECTOR DATE NOV 13 1972
CONDITIONS OF APPROVAL, IF ANY: