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U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

HOBBBS OFFICE B. 6 NC.

MAR 7 11 31 AM '67

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-11068	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Charles B. Gillespie, Jr.		8. Farm or Lease Name State
3. Address of Operator Box 1179, Midland, Texas		9. Well No. 2
4. Location of Well UNIT LETTER E 2310 FEET FROM THE North LINE AND 990 FEET FROM THE West LINE, SECTION 35 TOWNSHIP 13-S RANGE 33E NMPM.		10. Field and Pool, or Wildcat Lazy J
15. Elevation (Show whether DF, RT, GR, etc.) 4210' GRD.		12. County Lee

16.

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☒

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.

- Set 4½" 11.60# J-55 & H-80 casing at 9910 feet with 400 sax of Incor 2% gd., cemented by pump and plug method.
Plug down 6:20 p.m., December 16, 1966.
- On December 20, 1966, pressured up to 2000# for 30 minutes, held o.k.

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 2/28/67

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: