State of New Mexico Submit 3 Copies Form C-103 to Appropriate District Office Energy, Minerals and Natural Resources Department Revised 1-1-89 DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 30-125-01209 **DISTRICT II** Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATEXX FEE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. E-2118 SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: GAS WELL WELL OTHER State G Name of Operator 8. Well No. CHARLES B GILLESPIE JR Address of Operator 9. Pool name or Wildcat P.O. BOX 8 Midland, 79702 Saunders Permed Upper Penn Well Location Unit Letter \_ 660 Feet From The north 1980 Line and Feet From The Line Range 33-E Township 15-S **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: OTHER: 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. (1) Perforated 4 holes @ 3100' squeezed 30 sacks cement W.O.C. tagged plug @ 2989' (2) Perforated 4 holes @ 297', unable to pump into formation, pressured up to 2000 psi, spotted 25 sacks cement across perforations W.O.C. tag plug @179' (3) Spotted 15 sacks cement @ surface, set P&A marker

(a) all asset to continue of surface, see that market		
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I hereby certify that the information above is true and complete to the best of my known signature Machine Machine Type or print name	TITLE Supervisor	DATE <u>//-20-93</u> TELEPHONE NO.
(This space for State Use)  APPROVED BY ARREST ARRE	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		5AC

