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Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION		
P.O. Box 2088		WELL API NO. 30-025-01227	
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III		5. Indicate Type of Lease STATE XX FEE	
1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE 6. State Oil & Gas Lease No. E-2116
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.)			7. Lease Name or Unit Agreement Name
1. Type of Well: OIL CAS WELL X WELL	QAS		State F
2. Name of Operator CHARLES B GILLESPIE JR.			8. Well No.
3. Address of Operator			4 9. Pool name or Wildcat
P.O. BOX 8 Midland, Tx. 4. Well Location	79702		Saunders Permo & Upper Penn
Unit Letter			
Section 4 Transition 15-S - 32-F			
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	MPM Lea County
4214 DF			
NOTION OF INTERVENENT OF INTERVENENT OF NOTICE, Report, or Other Data			
		REMEDIAL WORK	
	CHANGE PLANS	COMMENCE DRILLING C	
PULL OR ALTER CASING			
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) A CIBP was set & capped w/35' cement in 1990 @9740' (2) Load hole w/mud (3) Spot 25 sacks cement @ 6700' 			
(4) 5½ casing had a leak below 5035', set 5½ cement retainer @ 4023'			
& squeezed 80 sacks cement @ 1400 psi (5) Spot 35 sacks cement @ 5½ stub 3866' W.O.C. Tag plug @ 3740'			
(6) Spot 50 sacks cement	@ 8 5/8 sutb, 715'	.C. Tag plug @ 37 W.O.C. Tag plug	40' @ 654', spotted 30 sacks
cement @ 654' to bring cement up higher (7) Spot 80 sacks cement @ 13 3/8 shoe 346' W.O.C. did not tag cement, respot w/60			
sacks cement, w.u.u. tag plug @ 218'			
(8) Spot 15 sacks cement @ surface, set P&A marker $10/22/93$			
I hereby certify the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Alignan Made	mode	Supervion	DATE 11-20-93
TYPE OR PRINT NAME		,	
(This space for State Hse)	•		TELEPHONE NO.
ADDROLLED BY JACK A.	II.		JAN (J. 2), 1993
CONDITIONS OF APPROVAL IF ANY:	fue me		DATE