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. 30-025-01230

	O T. M. M.	07504 2000	
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE X FEE	
DISTRICT III			6. State Oil & Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410			E-819
	AND REPORTS ON WE		
(DO NOT USE THIS FORM FOR PROPOS	IALS TO DRILL OR TO DEEPEI R. USE "APPLICATION FOR PE	N OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
	FOR SUCH PROPOSALS.)	_1 ((V)) 1	- State E
1. Type of Well:			- State E
OIL GAS WELL [OTHER		
2. Name of Operator	. Tw		8. Well No.
Charles B. Gillespi 3. Address of Operator	e, ur.		9. Pool name or Wildcat
P.O. Box 8 Midland	d, TX 79701		Saunders Permo Upper Pon
4. Well Location			
Unit Letter B: 660	Feet From The North	Line and 1980	Feet From The <u>East</u> Line
	15 0	22 12	NMPM Lea County
Section 9	Township $15-S$ R 10. Elevation (Show whether		NMPM Lea County
	4198 GR	,	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
11. Check Appr	ropriate Box to Indicate	Nature of Notice, R	eport, or Other Data
NOTICE OF INTEN	•		SEQUENT REPORT OF:
	r==	DELIEDIN WORK	ALTERING CASING
PERFORM REMEDIAL WORK	PLUG AND ABANDON X	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB
OTHER:		OTHER:	
12. Describe Proposed or Completed Operations	(Clearly state all pertinent details,	and give pertinent dates, inclu	iding estimated date of starting any proposed
work) SEE RULE 1103.			
	CIBP was set @ 4		as tested to 500#
and held okay	. See attached	C-103	
2) Cut and pull	5 1/2" csg @ 300	JU' EOLinandi	501 out
N/A	1/2" csg stub.	oo, in and t	30. Out
, <u>-</u>	3 3/8" shoe @ 29	96'	
5) Put 15 sx plu			
6) Weld on dry h	ole marker		
		-	
		THE CON	AVECON MUST BE NOTHED 24
		178.25.05.3	SIN E TO THE DOMERNMAN AND
		وربار وزنان فرياضها	WELKALIONS FOR THE CAR
		TO BE AP	LKOAFD"
I hereby certify that the information above is true and	complete to the best of my knowledge as	nd belief.	

I hereby certify that the information above is true and complete to the best of my knowledge and belief	
SKONATURE	Production Manager DATE 11/3/93
TYPEOR PRINT NAME Kevin Widner	TELEPHONE NO. 915_683_170

_ TTILE -

(This space for State Use)

APPROVED BY-

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

NOV 05 1993