Submit 3 Copies to Appropriate District Office

2. Name of Operator

Well Location

Unit Letter ____B_

State of New Mexico Energy, Minerals and Natural Resources Department

0. Box 8

15-S

Midland, Texas 79702

660 Feet From The North

Township

Form C-103 Revised 1-1-89

County

O Appropriate District Office	Likely, Williams and Walland Nobolioto 2 op 200000	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088	WELL API NO. 30 025-01230
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		6. State Oil & Gas Lease No. E-819
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
. Type of Well: OIL GAS WELL X WELL	OTHER	State 'E'
. Name of Operator		8. Well No.
Charles B. Gill	espie, Jr.	4
Address of Operator		9. Pool name or Wildcat
P O Roy 8 Midland Texas 79702		Wildcat

Line and 1980 Feet From The East

NMPM

33-E

Range

Lea

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4198' GR 4210' DF Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: Pull 5 1/2" casing 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. 8/28/90: Rigged up Baber Well Service. 8/29/90: Cut and pulled 5 1/2" casing at 4402'. Shut well in.

Rigged down Baber Well Service. Wait on rotary tools.

I hereby certify that the in	formation above in true and complete to the best of my knowledge and b		
SIGNATURE	Van Sty Janty	E Production Manager DATE 10/24/9	90
TYPE OR PRINT NAME	David W. Hastings	TELEPHONE NO.9]5.	<u>-683-17</u> 65
(This space for State Use)	ORIGINAL SIGNIST BY JERRY SEXTON		HIM

APPROVED BY-

CONDITIONS OF APPROVAL, IF ANY:

exp 1-30-91

RECEIVED

OCT 2 5 1990

HOSBS OFFICE