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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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.	
E-819	

SUNDY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO PULL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT - "A" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
Charles B. Gillespie, Jr.

3. Address of Operator
P.O. Box 8, Midland, Tx 79701

4. Location of Well
UNIT LETTER **B**, **660** FEET FROM THE **North** LINE AND **1980** FEET FROM
THE **East** LINE, SECTION **9** TOWNSHIP **15S** RANGE **33E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4210 DF

7. Unit Agreement Name

8. Farm or Lease Name
State E

9. Well No.
4

10. Field and Pool, or Wildcat
Saunders Permo Penn

12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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 1503.

Request permit for 1 year extension of Temporary abandonment pursuant to Rule 202B

Expires 10/1/76

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 6-2-76

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: