

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-01224 ⁰¹²²⁴³

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-819

7. Lease Name or Unit Agreement Name

State "M"

8. Well No.
1

9. Pool name or Wildcat
Saunders Perm & Upper Penn

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
CHARLES B. GILLESPIE JR.

3. Address of Operator
P.O. Box 8 Midland, Tx. 79702

4. Well Location
Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line
Section 10 Township 15-S Range 35-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4203 DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
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) set 5½ cement retainer @ 4700', squeezed 200 sacks cement & cap w/ 3 sacks
(2) load hole w/mud
(3) cut & pulled 5½ casing @ 4200'
(4) spot 30 sack cement plug @ 4273', W.O.C. tag plug @ 4146'
(5) cut & pulled 8 5/8 casing @ 732'
(6) spot 70 sack cement plug @ 782', W.O.C. tag plug @ 681', 8 5/8 stub
(7) spot 80 sack cement plug @ 345', W.O.C. tag plug @ 242', 13 3/8 shoe
(8) spot 15 sack cement plug @ surface, set P&A marker

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Jim Deane TITLE _____ DATE _____

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY Jack Griffin TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: