1. Type of Well: WELL X

2. Name of Operator CHARLES

Well Location

11.

OTHER:

Address of Operator

Section

P.O. BOX

Unit Letter \_\_

PERFORM REMEDIAL WORK

work) SEE RULE 1103.

TEMPORARILY ABANDON

**PULL OR ALTER CASING** 

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

DISTRICTI P.O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Artesia, NM 88210

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

Revised 1-1-89 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 3*0-025-02704* Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. E-9117 SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" STATE C (FORM C-101) FOR SUCH PROPOSALS.) 8. Well No. B. GILLESPIE JR 9. Pool name or Wildcat 79705 MIOLAND TX Line and 23/0 Feet From The SOUTH EAST : 2140 Feet From The \_\_\_ 35-E thip 16-5 Range 35-E

10. Elevation (Show whether DF, RKB, RT, GR, etc.) **NMPM** County 3972 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PLUG AND ABANDON PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS** 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 1) SET CIBP ABOUE PERFORATIONS @ 10,450'. CAP W/CMT 2) SET 100' PLUG @ 7400' 3) SUSPECT CASING LEAK. ISOLATE AND GET RECOMMENDATION FROM STATE. 4) SET 100' PLUE @ 8-5/8" SHOE @ 4667' 5) SET 100 PLUG @ 5-1/2" LINER TOP @ 4494". 6) SET 180' pluy @ 13-3/8" SHOE @ 414'. 7) SET 155X PLUG @ SURFACE. THE REPORTED AND THE NOTIFIED 24 HOLE & BLOW TO THE BLOWNING OF RIBERTALIO OPERATIONS FOR THE CAOS TO AS APPROVED.

I hereby certify that the inf	compation above is true, and complete to the best of my knowledge and belief.  TITLE PRODUCTION MANA	96ER DATE 9-14-94
	KEVINI WIONER	TELEPHONE NO. 9/5) 683-1765
(This space for State Use)	estrate a ses established and a second a second and a second a second and a second	SEP 1 6 1994

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY -

SEL SELECTION