

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.

38-D25-Q2705

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-9117

7. Lease Name or Unit Agreement Name

STATE C

8. Well No.

2

9. Pool name or Wildcat

Townsend Permo 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, Texas 79702

4. Well Location

Unit Letter Q : 2340 Feet From The South Line and 910 Feet From The East Line

Section 1 Township 16-S Range 35-E NMPM Lea County

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

3968 GR

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 Cbip above perforations at 10,500'. Dump 4 SX CMT on top of plug.

2. Set 100' plug at 8-5/8" casing shoe at 4697'. Tag.

3. Set 100' plug at 5-1/2" liner top at 4520'. Tag.

4. Cut and pull 8-5/8" casing at 700'.

5. Set 100' plug at 8-5/8" casing stub. 50' in and 50' out. Tag.

6. Set 100' plug at 13-3/8" casing shoe at 336'. Tag.

7. Set 15 SX plug at surface.

8. Weld 4" casing marker to surface casing. Clean location.

100' PLUG @ 7500

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

SIGNATURE Kevin Widner

TITLE Production Manager

DATE 8/11/93

TYPE OR PRINT NAME Kevin Widner

TELEPHONE NO 683-1765

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____

DATE AUG 13 1993

CONDITIONS OF APPROVAL, IF ANY: