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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.	
E9116	

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 TO DRILL (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Charles B. Gillespie, Jr.,		8. Farm or Lease Name State B
3. Address of Operator P.O. Box 8, Midland, Tx 79701		9. Well No. 1
4. Location of Well UNIT LETTER P 3300 FEET FROM THE South LINE AND 985.3 FEET FROM THE East LINE, SECTION 1 TOWNSHIP 16S RANGE 35E NMPM.		10. Field and Pool, or Wildcat Townsend Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.)		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 checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <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 1703.

1. Leak in casing at approximately 5700' will be squeezed with 100 sx.
2. Well will be put back on production with no change in producing perforations

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

SIGNED <i>Charles B. Gillespie</i>	TITLE Operator	DATE 9-27-76
Orig. Signed by Jerry Sexton Dist 1, Supv.		
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		