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

OIL

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

CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088	WELL API NO. 3D-025-02708
	5. Indicate Type of Lease STATE X FFF

Digenter III	STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. E-9116
SUNDRY NOTICES AND REPORTS ON WEL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PER (FORM C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X WELL OTHER	STATE B
2 Name of Operator Charles B. Gillespie, Jr.	8. Well No.
3. Address of Operator	9. Pool name or Wildcat
P.O. Box 8 Midland, Texas 79702	Townsend Permo Upper Penn
4. Well Location Unit Letter I : _4290 Feet From The South	
Section 1 Township 16-S Ra	nge 35-E NMPM Lea County
10. Elevation (Show whether	DF, RKB, RT, GR, etc.)
3964	
11. Check Appropriate Box to Indicate N	Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
ERFORM REMEDIAL WORK PLUG AND ABANDON X	REMEDIAL WORK ALTERING CASING [
EMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
ULL OR ALTER CASING	CASING TEST AND CEMENT JOB
THER:	OTHER:
 Describe Proposed or Completed Operations (Clearly state all pertinent details, an work) SEE RULE 1103. 	d give pertinent dates, including estimated date of starting any proposed
1. Set Cibp above perforations at 10,200'.	Dump 4 SX CMT on top of plug.
2. Set 100' plug at 8-5/8" casing shoe at	
3. Set 100' plug at $5-\frac{1}{2}$ " liner top at 4548	'. Tag.
4. Set 100' plug at 13-3/8" casing shoe at	376'.
5. Set 15 SX plug at surface.	
6. Weld 4" marker to surface casing. Clean	location.
100 nuice 7505	THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.
I hereby certify that the information above is true and complete to the best of my knowledge and b	Decided.

DATE 8/11/93 TYPE OR PRINT NAME Kevin Widner TELEPHONE NO. 683-1765

TITLE

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR APPROVED BY-

CONDITIONS OF AFTROVAL, IF ANY:

AUG 13 1993