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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.	
E-9116	

SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO CLEAN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT - "A" (FORM C-101) FOR SUCH PROPOSALS.)</small>	
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
2. Name of Operator Charles B. Gillespie, Jr.	8. Form or Lease Name State B
3. Address of Operator P.O. Box Eight, Midland, Tx 79701	9. Well No. 1 4
4. Location of Well UNIT LETTER J 4610 FEET FROM THE South LINE AND 2300.6 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.) 3976 GR	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 type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>
ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <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 1103.

Request permit for 1 year extension of Temporary Abandonment pursuant to Rule 202B

Expires 10/1/76

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNED <u>Charles B. Gillespie</u>	TITLE <u>Operator</u>
DATE <u>6-2-76</u>	
APPROVED BY _____	TITLE _____
DATE _____	
CONDITIONS OF APPROVAL, IF ANY:	