STATE OF NEW MEXICO THERGY AND MINERALS DEPARTMENT

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POISTRIBUTION		
SANTA FE	T	
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

OIL CONSERVATION DIVISION

DISTRIBUTIO	DISTRIBUTION P. O. BOX 2088				Form C-103				
SANTA FE	· 			Revised 10-1-23					
FILE		3,4,47	· (/ 44, 14 L. V)	MEXICO 87	501	c			
U.S.G.S.						Sa. Indicate T			
LAND OFFICE						State XX	For	, []	
OPERATOR							Gas Lease No.		
	SHADDY N	TICES AND DO	TROPIE ON	WCL LC	· · · · · · · · · · · · · · · · · · ·	immi	ormon	7777	
IKT 36U TOK DO)	SUNDRY NO PROPOSAL USE "APPLICATION FO	JIICES AND KE S TO CRILL OR TO GE OR PERMIT -" (FORM	EPEN OR PLUG I	WELLS BACK TO A DIFFERENCE TH PROPOSALS,)	IT RESERVOIR.	VIIIII			
WELL KX	WELL O	THER-				7, Unit Agreen	nent Name		
Name of Operator						8. Form or Lea	8. Form or Lease Name		
CHARLES B.	GILLESPIE,	JR.				State D			
Address of Operator Box 8, Mid	land, Texas	79702				9. Well No.			
Location of Well							Pool, or Wildcat		
UNIT LETTER	T 1980	FEET FROM THE	South] LINE AND	330	Townsen	d-Wolfcamp		
West					•	**************************************			
THE LINE, SECTION TOWNSHIP RANGE NMPM.									
			(Show whether 9† DF	DF, RT, GR, etc.)	12. County Lea	JE STATE	W.	
	Check Appr	777		latura of Noti	ce, Report or Ot	<u></u>		77777	
NC	TICE OF INTER	TION TO:	indicate r	lature or Notic	subsequen		F•		
			_				•		
PERFORM REMEDIAL WORK	. 🔯	PLUG AND	ABANDON	REMEDIAL WORK		ALY	ERING CASING		
EMPOTARILY ABANDON				COMMENCE DRILL	ING OPNS.	PLU	AND ABANDONME	47 E	
LILL OR ALTER CASING		CHANGE P	LANS	CASING TEST AND	CEMENT JOB				
				OTHER					
OTHER				-				— L;	
				<u> </u>					
Describe Proposed o work) SEE RULE 11	os.	ns (Clearly state at	il perlinent det	ills, and give pert	inent dates, including	estimated date o	of starting any pro	posed	
1. 1	Will set CI I	3P at 10,400'	t s hut	off current	perforations	at			
	10,544-561, 1	.0,571 - 6Ó5				, 4			
			matelu 10	280_200 ir	upper Wolfca	mn			
3. 1	Will acidize	nerforations	. with 200	0,200-290 II.	opper watte	шÞ			
	Put well back		WICH ZOC	o garrons					
¹ •	. do well oder	. In pamp							
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		•							
			•						
. I hereby certify that t	he information above	is true and complet	e to the best o	I my knowledge ar	nd belief.				
(W)	St 111	, / /		0		e= 1.	20/03		
GHED MIMUS	101 wille	~ T	TITLE	Operator		DATE	30/81		
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			TITLE			DATE			