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Submit 3 Copies to Appropriate District Office	Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATIO		WELL API NO. 30-025-02713
DISTRICT II	P.O. Box 208 Santa Fe, New Mexico		30-025-02713
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III		JUN 2 <b>7</b> 1994	5. Indicate Type of Lease  STATE XX FEE
1000 Rio Brazos Rd., Aztec, NM 87410		4 1934	6. State Oil & Gas Lease No.
CUMPRY NOT	1050 4410 0550 0550		E-9050
( DO NOT USE THIS FORM FOR PRODIFFERENT RESERVANCE)	ICES AND REPORTS ON WELL DPOSALS TO DRILL OR TO DEEPEN ( RVOIR. USE "APPLICATION FOR PER -101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL XX WELL			
2. Name of Operator	OTHER		State "D"
CHARLES B GILLESPIE	JR.		8. Well No.
3. Address of Operator			9. Pool name or Wildcat
P.O. BOX 8 Midland, 4. Well Location	Tx. 79702		Townsend Perm / Upper Penn.
Unit Letter <u>V</u> : 990	Feet From The South	Line and1650	Feet From The West Line
Section 1	Township 16-S Rans	ge 35-E	nm. Ioa
	10. Elevation (Show whether D	F, RKB, RT, GR, etc.)	IMPM Lea County
	3975 GR		
11. Check A	Appropriate Box to Indicate N		
NOTICE OF INT	ENTION TO:	SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT *X
PULL OR ALTER CASING		CASING TEST AND CEN	
OTHER:		OTHER:	
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ons (Clearly state all pertinent details, and	give pertinent dates, includi	ng estimated date of starting any proposed
(2) Set 5½ CIBP at 95 (3) Load hole 於/mud (4) Spot 25 sack ceme (5) Spot 50 sack ceme Tag plug low at 4 Respot 25 sack ce (6) Spot 40 sack ceme	nt plug at 4095' to cove	er 8 5/8 shoe & ment at 4577', C. Tag plug At Tag plug at 229	W.O.C. Tag plug at 4522' 4401'
9.20 a20			
I hereby certify that the information above is true a	and complete to the best of my knowledge and beli	id.	
SIGNATURE TUDO	TITLE		DATE
TYPE OR PRINT NAME			TELEPHONE NO.
(This space for State Use)	(1) [[o]		0CT ± 9 199
CONDITIONS OF APPROVAL, IF ANY:	тие.		DATE