

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

3D-025-02716

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-9050

7. Lease Name or Unit Agreement Name

STATE D

8. Well No.

7

9. Pool name or Wildcat

Townsend Permo Upper Penn

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Charles B. Gillespie, Jr.

3. Address of Operator

P.O. Box 8 Midland, Texas 79702

4. Well Location

Unit Letter K : 4290 Feet From The South Line and 2310 Feet From The West Line

Section 1 Township 16-S Range 35-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3975 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. 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.

1. Set Cbip above perforations at 10,450'. Dump 4 SX CMT on top of plug.

2. Set 100' plug at 8-5/8" casing shoe at 4647'. Tag.

3. Set 100' plug at 5-1/2" liner top at 4467'. Tag.

4. Set 100' plug at 13-3/8" casing shoe at 302'. Tag.

5. Set 15 SX plug at surface.

6. Weld 4" marker to surface casing. Clean location.

100' PLUG @ 7500

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

SIGNATURE

Kevin Widner

TITLE Production Manager

DATE 8/11/93

TYPE OR PRINT NAME

Kevin Widner

TELEPHONE NO. 683-1765

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG 13 1993

100-100000

RECEIVED
OFFICE