"O, OF COPIES ACCESVED	·	· 2	Form C-103
DISTRIBUTION			Superseder Old C-102 and C-103
SANTA FE	NEW MEXICO OIL C	CONSERVATION COMMISSION	Effective 1-1-65
FILE			
U.5.G.5.			5a. Indicate Type of Lease
LAND OFFICE			State K Fee
OPERATOR			5, State Off 6 Gas Leane No.
			E-9050
SUNDRY NOTICES AND REPORTS ON WELLS  GO NOT USE THIS FORM FOR PROPOSALS TO CLUTCH OR TO CLUTCH OF THE BUCK THOROGALS.			
1. OIL K GAS WELL WELL WELL	OTHER-		7. Unit Agreement Name
2. Name of Operator			8. Farm of Lease Name
Charles B. Gillespie, J.r			State D
3. Address of Operator			9. Well No.
P.O. Box 8, Midland,	Tr 79 <b>90</b> 2		ħ
4. Location of Well			10. Field and Pool, or Wildeat
K 429	O South	1 LINE AND 2310 FEET FRO	Townsend wolfcamp
UNIT CETTER	· ·	LINE AND	
THE West The Section	1 TOWNSHIP	16S BANGE 35E NMPI	4661 [44,134   1466444
The that, see you		10000	5000 4 1 1 4 4 4 4 4 1 1 1 1 1 1 1 1 1 1
	15. Elevation (Show who	ether DF, RT, GR, etc.)	12. County
			Lea
16. Check At	ppropriate Box To Indica	te Nature of Notice, Report or O	ther Data
NOTICE OF INT			NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	•	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
		OTHER	
OTHER			
<ol> <li>Describe Proposed or Completed Oper work) SEE RULE 1903.</li> </ol>	ations (Clearly state all pertinent	t details, and give pertinent dates, includin	ig estimated date of starting any proposed
Degree of 2 many out on	-iE m\ -ttE	11 fm	•
		v.ell from date of Approval	•
<ol> <li>Casing is still intact, tubing is in well</li> <li>Well is possible to produce or use as injector in secondary recovery operation</li> </ol>			
2. Well is possible	to produce or use as	injector in secondary reco	very operation
		•	
·			
		•	•
		·	
		•	·
18. I hereby certify that the information ub	ove is true and complete to the h	est of my knowledge and belief.	
ave a mirrory withing time time information and			
Real. D. Ann		Operator	1-23-79
SIGNED CHARLES B GELLES	pu, p TITLE_	operator	DATE 1-23-78
			Let 6.2%
	No.		De la
APPROVED BY	TITLE_	1	DATE
CONDITIONS OF APPROVAL, IF ARY	22	12/1/26 (23)	
	Crepare of		
•			

CHESTAVATION CUMM.