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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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Charles B. Gillespie, Jr.		8. Farm or Lease Name Snyder "C"
3. Address of Operator P. O. Box 1179 Midland, Texas 79701		9. Well No. 1
4. Location of Well UNIT LETTER H , 2336.4 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 16-S RANGE 36-E NMPM.		10. Field and Pool, or Wildcat Townsend Wolfcamp <i>Townsend Wolfcamp</i>
15. Elevation (Show whether DF, RT, GR, etc.) 3958.4 KDB		12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

- 1.) Tested all casing from 10,620 to surface with 2500#. No leaks found.
- 2.) Perforated 10585 - 591.A/1500 gals, 15% N. E. A. Acid by B. J.
- 3.) Placed well back on gas lift.
- 4.) Production prior to W. O. - 45 BO, 96 BWPD
Production after W. O. - 84 BO, 92 BWPD.
Note: No change in allowable is requested at this time.

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

SIGNED *Charles B. Gillespie, Jr.*

TITLE **Operator**

DATE **4-24-69**

APPROVED BY *[Signature]*

TITLE **PROD. OR DATA**

DATE **4-24-69**

CONDITIONS OF APPROVAL, IF ANY: