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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
15. Elevation (Show whether DF, RT, GR, etc.) 3958.4 KDB		12. County

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 ☐

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.) Top of 5½" liner at 4516 will be squeezed with 100 sx class "C" cement.
- 2.) Cement will be drilled out and top of liner will be tested to 2000# for 30".
- 3.) Additional zone of Wolfcamp pay from 10584-10592 will be perforated with 4 holes/ft and acidized with 1000 gals 15% regular acid.
- 4.) Well will be placed back on gas lift.
- 5.) Work will commence on approval.

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 3-18-69

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: