Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION

Kevised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			30-025-28756 5. Indicate Type of Lease
DISTRICT III			STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. E-2118-S
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO			
DIFFERENT RESE	OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE *APPLICATION FOR PEF C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL WELL	OTHER		State 'G'
2. Name of Operator			8. Well No.
Charles B. Gill 3. Address of Operator	lespie, Jr.		9. Pool name or Wildcat
P. O. Box 8	Midland, Texas 797 <u>02</u>		Saunders Permo Upper Penn
4. Well Location	100 Cauth		0 54
Unit Letter : : :	780 Feet From The SOUTH	Line and 00	O Feet From The East Line
Section 3	Township 15-S Ran		NMPM Lea County
	10. Elevation (Show whether I		
(/////////////////////////////////////	4189 ' GR	4210.5' KB	anost or Other Data
NOTICE OF IN	Appropriate Box to Indicate N		SSEQUENT REPORT OF:
NOTICE OF IN	TENTION TO.	301	
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB
OTHER:		OTHER:	
 Describe Proposed or Completed Oper work) SEE RULE 1103. 	ations (Clearly state all pertinent details, an	d give pertinent dates, inclu	iding estimated date of starting any proposed
•			
Acidized per 20% NEFE aci Acidized per gallons 20%	forations 9896-9916', 9	36-44', 9954-66 9925-28', 9936-	
8/14/90-8/30/90: Swat	•		
8/31/90: Put well bac	k on pump.		
	/		
I hereby certify that the infogration abyve is tr	ue and complete to the best of my knowledge and	belief.	
Marky.	/ Soutre	Production	Manager 9/5/90
SKINATURE	***	_ · 	TELEPHONE NO915-683-176
TYPE OR PRINT NAME David W. H	lastillys		7 -C00-C CON BROWNELEST
(This space for State Use) CORPORES A.S. S	CIGHED BY HERRY SEXTON		
2157	®CT SUP¥RVISOR	_	
APPROVED BY	m	LE	DATE