

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

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

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

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

WELL API NO.
30-025-29306

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-2116-2

7. Lease Name or Unit Agreement Name
State "F"

8. Well No.
5

9. Pool name or Wildcat
Saunders Fermo 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, TX 79702

4. Well Location
Unit Letter L : 1980 Feet From The South Line and 400 Feet From The West Line

Section 2 Township 15-S Range 33-E NMPM Lea County

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

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: 4 ☐

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) 7-19-96 Cement top tagged inside 5½ casing @ 4658'
- 2) Load hole with mud
- 3) Cut 5½ casing @ 3167' Pulled out of hole
- 4) Spot 25 sx cmt Plug across 8-5/8 shoe @ 4300'
- 5) Spot 35 sx cement Plug across 5½ stub @ 3220' W.O.C. Tag cement top @ 3107'
- 6) Spot 25 sx cement plug @ 335'
- 7) Spot 15 15 sx cement plug @ surface Set PA marker
- 8) Job completed 9-26-96

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

SIGNATURE Rafael M. Maldonado TITLE Supervisor DATE 9/26/96

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY Samuel W. Hill TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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