State of New Mexico
Ene_, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

WELL API NO.
30-025-31830

5. Indicate Type of Lease
STATE ☒   FEE ☐

6. State Oil & Gas Lease No.
E-9116

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.)

7. Lease Name or Unit Agreement Name

Earnestine State

1. Type of Well:
OIL WELL ☒   GAS WELL ☐   OTHER

8. Well No.
1

2. Name of Operator

Charles B. Gillespie, Jr.

9. Pool name or Wildcat

3. Address of Operator

P.O. Box 8   Midland, TX 79702

4. Well Location

Unit Letter __B__ : _990_ Feet From The __North__ Line and __1980__ Feet From The __East__ Line

Section __1__   Township __16S__   Range __35E__   NMPM   __Lea__   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3978.3' GR, 3996' KB

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON ☐	REMEDIAL WORK	☐	ALTERING CASING ☐
TEMPORARILY ABANDON	☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING	☐		CASING TEST AND CEMENT JOB ☒		
OTHER:_____		☐	OTHER:_____		☐

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.

1/22/93: Drilled 7 7/8" hole to 11,793'. Ran 278 jts. 5 1/2" 17# N-80 and S-95 casing set at 11,793' KB. Cemented with 775 sx Class "H" cement containing .7% FL-25, 3% A-9, .2% FWC-2 and .2% FP-8. Plug down at 6:00 p.m. 1-21-93 with 2400# maximum pump pressure. Top of cement calculated at 9200'. Released rig at 10:00 p.m. 1-21-93. Waiting on completion unit.

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

SIGNATURE _William R. Crow_   TITLE _Exploration Manager_   DATE _1/22/93_

TYPE OR PRINT NAME William R. Crow

TELEPHONE NO.(915)683-1765

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

FEB 25 1993

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: