## State of New Mexico

Form C-103 Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate District Office Revised 1-1-89 OIL CONSERVATION DIVISION **DISTRICT I** WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-3183 Santa Fe, New Mexico 87504-2088 DISTRICT 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE FEE DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) I. Type of Well: METT X WELL [ Earnestine State 2. Name of Operator 8. Well No. Charles B. Gillespie, Jr. 3. Address of Operator 9. Pool name or Wildcat P.O. Box 8 Midland, TX West Lovington Strawn Well Location 660 990 Feet From The North Line and Feet From The Unit Letter \_ Line 16S Range 35E Lea **NMPM** County Township 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3973' GR, 3990.5' KB Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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 ABANDONMEN CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** 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. ZIADRIL, Inc. Rig No. 7 spudded 17 1/2" hole @ 6:30 a.m. 1/28/93. Drilled 17 1/2" hole to 423'. Ran 10 jts. 13 3/8" 48# H-40 casing set at 423' KB. Cemented with 440 sx Class "C" cement containing 2% CaCl<sub>2</sub>. Plug down at 3:15 p.m. 1/28/93 with 300# maximum pump pressure. Cement circulated 100 sx. Wait on cement 12 hrs. Tested BOP and 13 3/8" casing to 1000# for 30 minutes, tested okay. Commenced drilling 11" hole at 3:15 a.m. 1/29/93.

(This space for State I	Jac ORIGINAL SIGNET	S BY JERRY SEXTON				
TYPE OR PRINT NAME	William R. (	Crow			TELEPHONE NO. (915) 683–1765	
SIGNATURE	Jelie !	00000	TIME EXPLOY	ation Manager	DATE <u>1/29/93</u>	

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