

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

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

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

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

WELL API NO. 30-025-32291
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name 13170 Snyder "S" Com
8. Well No. 1
9. Pool name or Wildcat 41775 West Lovington Strawn

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator Charles B. Gillespie, Jr. 4136	
3. Address of Operator P.O. Box 8 Midland, Texas 79702	
4. Well Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Section 34 Township 15-S Range 35-E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3970 GR	

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: ☐

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.

12-07-93 TD 7 7/8" hole @ 11,874. Set 5 1/2: 17# & 20# N-80 casing @ 11,874. Cemented with 550 sx class "H" cement. PD @ 3:30 a.m. 12-7-93. Ran Temperature survey 8 hours after PD. TOC @ 8478'. Rel rig 12-8-93.

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

SIGNATURE Kevin Widner TITLE Production Manager

TYPE OR PRINT NAME Kevin Widner

12-28-93

(915)683-1765

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

12-28-93