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.
30-025-32812

5. Indicate Type of Lease
STATE [X]　　FEE [X]

6. State Oil & Gas Lease No.

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

1. Type of Well:
OIL WELL [XX]　　GAS WELL [ ]　　OTHER

Snyder "S" Com

2. Name of Operator
Charles B. Gillespie, Jr.

8. Well No.
2

3. Address of Operator
P.O. Box 8　　Midland, TX　79702

9. Pool name or Wildcat
West Lovington Strawn

4. Well Location
Unit Letter __M__ : __660__ Feet From The __South__ Line and __1200__ Feet From The __West__ Line

Section __34__　　Township __15-S__　Range __35-E__　NMPM　　Lea　County

10. Elevation *(Show whether DF, RKB, RT, GR, etc.)*
3968 GR

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 [X]	
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.

1/26/95　Drilled 11" hole to 4750'. Ran 116 jts. of 8-58" 32# J-55 and
S-80 casing. Set at 4743'. Cemented casing w/500 SX Class "C"
Lite tailed w/200 SX Class "C" w/1% CaCL2. PD on 1/26/95.
Waited on cement 12 hrs. Tested BOP and casing. Commenced
drilling 7-7/8" hole.

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

SIGNATURE _____　TITLE Production Manager　DATE 1/31/95

TYPE OR PRINT NAME　Kevin Widner

TELEPHONE NO. (915) 683-1765

(This space for State Use)

ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II

APPROVED BY _____　TITLE _____　DATE

FEB 23 1995

CONDITIONS OF APPROVAL, IF ANY: