

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. 30-025-33219
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)

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, Texas 79702

4. Well Location
Unit Letter B : 1346 Feet From The North Line and 1980 Feet From The East Line
Section 6 Township 16S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3954 GR

7. Lease Name or Unit Agreement Name Snyder "EC" Cam
8. Well No. 1
9. Pool name or Wildcat West Lovington Strawn

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Perforating <input type="checkbox"/>	

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.

2-7-96 Perforated Strawn Formation from 11,540' to 11,548' (4 spf)

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 DATE 2-19-96

TYPE OR PRINT NAME Kevin Widner TELEPHONE NO. (915) 683-1765

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

FEB 22 1996

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

000 00 000

Received
Hobbs
OCD
15678910