

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.
7. Lease Name or Unit Agreement Name Snyder "EC" Com
8. Well No. 1
9. Pool name or Wildcat West Lovington Strawn
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3954 GR

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

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.

12-27-95 ZiaDril rig #2 spudded well 12/27/95. Drilled 17-1/2" hole to 406'. Set 13-3/8" 54:50# casing at 406'. Cemented with 440 sacks Class "C" with 2% CaCL2. Circulated 85 sacks. Waited on cement 8 hours. Drilled out.

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 1-18-96

TYPE OR PRINT NAME

Kevin Widner

TELEPHONE NO. (915) 683-1765

(This space for State Use)

CERTIFIED BY

APPROVED BY

TITLE

DATE

JAN 26 1996

CONDITIONS OF APPROVAL, IF ANY:

