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.
30-025-33606

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

6. State Oil & Gas Lease No.
E-9050

## 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 [x]　　GAS WELL [ ]　　OTHER

State "D"

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

8. Well No.
8

3. Address of Operator
P.O. Box 8, Midland, Texas

9. Pool name or Wildcat
West Lovington Strawn

4. Well Location

Unit Letter __L__ : __3990__ Feet From The __North__ Line and __330__ Feet From The __West__ Line

Section __1__　　Township __16S__　　Range __35E__　　NMPM　　__Lea__　　County

10. Elevation *(Show whether DF, RKB, RT, GR, etc.)*
3976' GR, 3994' KB

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.

10/24/96　Drilled 7-7/8" hole to 11,750'.  Set 5-1/2" 17# N-80 and S-95 casing at 11,750'.
Cemented with 600 sacks 50/50 Poz.  Ran temperature survey.  TOC at 10,200'.
Released rig at 10:00 a.m. 10/24/96.

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

SIGNATURE _William R. Crow_　　TITLE ___E&P Manager___　　DATE _10/28/96_

TYPE OR PRINT NAME　William R. Crow　　TELEPHONE NO. (915) 683-176

(This space for State Use)

APPROVED BY _____　　TITLE _____　　DATE _____

CONDITIONS OF APPROVAL, IF ANY: