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	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.	
DISTRICT II	Santa Fe, New Mexico		30-025-33606	
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			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 GAS WELL XX WELL	OTHER			
2. Name of Operator			State "D" 8. Well No.	
Charles B. Gillespie, Jr.			#8	
3. Address of Operator			9. Pool name or Wildcat	
P.O. Box 8, Midland, Texas 79702			West Lovington Strawn	
4. Well Location Unit Letter L. : 3990 Feet From The North Line and 330			Feet From The Line	
Section 1 Township 16S Range 35E NMPM Lea County				
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3976' GR, 3994' KB				
	Appropriate Box to Indicate 1	Nature of Notice, Re	eport, or Other Data	
NOTICE OF INTENTION TO:			SEQUENT REPORT OF:	
		REMEDIAL WORK		
	CHANGE PLANS	COMMENCE DRILLING		
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		
OTHER:		OTHER:		
12. Describe Proposed or Completed Operati	ons (Clearly state all pertinent details, an	t d give pertinent dates, inclua	ling estimated date of starting any proposed	

work) SEE RULE 1103.

10/03/96 Drilled 11" hole to 4,750'. Set <u>8-5/8" 32</u># J-55 and S-80 casing at 4,750'. Cemented with 800 sacks Howco Lite containing 10#/sx salt and tailed with 200 sacks Class "C" containing 2% CaCL2. Wait on cement 12 hours. Drilled out.

I hereby certify that the information above is true and complete to the best of my knowledg	e and belief.	
SKONATURE MALLANCE MOL	me <u>E&amp;P Manager</u>	date <u>10/16/96</u>
TYPE OR PRINT NAME William R. Crow		TELEPHONE NO (915) 683-1765
(This space for State Use)		
	TTTLP	DATE GUT 2 L ISS
CONDITIONS OF APPROVAL, IP ANY:		
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DCT 1996 Received Hobbs OCD