

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

2040 Pacheco St.  
Santa Fe, NM 87505

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-34073
Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.	
Lease Name or Unit Agreement Name	Snyder "A" Com
Well No.	1
Pool name or Wildcat	Shoe Bar Strawn, NE <del>West Lovington Strawn</del>

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator Charles B. Gillespie, Jr.	
Address of Operator P.O. Box 8, Midland, Texas 79702	
Well Location Unit Letter U : 990 Feet From The South Line and 874 Feet From The West Line Section 6 Township 16S Range 36E NMPM Lea County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3976 RKB	

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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: Perform Initial Completion ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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.

02/15/98 It is proposed to MIRUPU. Install BOP. Run cased hole logs. Perforate the Strawn interval from 11452'-11477', acidize, swab and evaluate.

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

SIGNATURE Mark Mladenka for Mark Mladenka TITLE Production Manager DATE 2-17-98

TYPE OR PRINT NAME Mark Mladenka TELEPHONE NO. (915) 683-1765

ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE APR 1 1998

CONDITIONS OF APPROVAL, IF ANY.