

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-34282
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No. 004681
Lease Name or Unit Agreement Name Snyder "C"
Well No. 4
Pool name or Wildcat West Lovington Strawn
Elevation (Show whether DF, RKB, RT, GR, etc.) 3970 RKB

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 A : 510 Feet From The North Line and 990 Feet From The East Line Section 6 Township 16S Range 36E NMPM Lea County
Elevation (Show whether DF, RKB, RT, GR, etc.) 3970 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: ☐

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.

02/14/98 Drilled 11" hole to 4757'. Ran 8-5/8" 32# J-55, N-80 casing to 4757' and cemented with 950 sacks cement. Plug down 9:00 PM 02/14/98.

02/15/98 Cut off casing, NYBOP's. Ran temp survey, found TOC @ 255' from surface. RIH w/7-7/8 bit, test casing and BOP's. Drill out cement and formation.

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

SIGNATURE Mark Mladenka TITLE Production Manager DATE 02/17/98

TYPE OR PRINT NAME Mark Mladenka

TELEPHONE NO (915) 683-1765

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: