

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. 30-025-34645
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No. 004684
Lease Name or Unit Agreement Name Snyder "F"
Well No. 3
Pool name or Wildcat <u>Lovington Strawn West</u>

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>D</u> : <u>330</u> Feet From The <u>West</u> Line and <u>655</u> Feet From The <u>North</u> Line 5 Section 16S Township 36E Range NMPM Lea County	
Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3945</u>	

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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: ☐

¹²Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

09/19/99 Finished 7-7/8" hole to 11806'

09/20/99 Ran open hole logs. Start L.D.D.P.

09/21/99 Finished L.D.D.P. Ran 286 jts 5-1/2" 17# L-80, S-95 csg to 11806'. Cemented w/700 sxs class "H" 50/50/2 w/additives. Plug down @ 8:30 PM MDT 09/20/99.

09/22/99 Ran temperature survey. Found TOC @ 8685'. Rigging down.

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

SIGNATURE [Signature] TITLE Production Manager DATE 09-22-99

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

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 27 1999

CONDITIONS OF APPROVAL, IF ANY: