

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

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. <u>30-025-34645</u>
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 Lovington Strawn, West

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 16-S Township 36-E Range NMPM Lea County	
Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3945'	

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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.

Location move, only due to additional offset well information. Originally location was 467' FNL & 820' FWL, Section 5, 16S, 36E. New location is approximately 525' southwest of original location (API No. 30-025-34645) in the same lot as before.

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 07-26-99  
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 \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY

AUG 05 1999