

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.

30-025-34684

Indicate Type of Lease

STATE ☒

FEE ☐

State Oil & Gas Lease No.

17569

Lease Name or Unit Agreement Name

West Lovington Strawn Unit

Well No.

14

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 ☒

GAS

WELL ☐

OTHER

Name of Operator  
Gillespie Oil, Inc.

Address of Operator  
P.O. Box 2557, Midland, Texas 79702

Well Location

Unit Letter E : 610 Feet From The West Line and 1830 Feet From The North Line

33 Section 15S Township 35E Range NMPM Lea County

Elevation (Show whether DF, RKB, RT, GR, etc.)

GR - 3989'

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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.

09/26/99 McVay Rig #10 spud 17-1/2" hole and drill to 397'. Run 9 jts 13-3/8" 48# H-40 csg to 397'. Cement w/490 sxs class "C" w/2% CaCl2. Plug down @ 3:45 PM 09/25/99. Circ 28 sxs to pit. WOC 6 hrs (4 hrs comp strength 500 psi). Cut off csg, weld on head. NU BOPs.

09/27/99 Finish NU BOPs. RIH w/11" bit. D.O. plug, float and cmt to 370'. Test csg & BOPs to 600 psi. Finish drilling cmt & drill out shoe & formation 17-1/2 hrs after plug down.

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

SIGNATURE

TITLE

Production Manager

DATE 09-27-99

TYPE OR PRINT NAME Mark Mladenka

TELEPHONE NO. (915)683-5060

(This space for State Use)

APPROVED BY

APPROVED BY  
DATE

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

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