output 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. Box 2088 Some For New Marriage 87504 2088	ON WELL API NO. 30-025-29856
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE
Total Manager	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	TO A 7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL WELL OTHER	Shipp
2. Name of Operator Charles B. Gillespie, Jr.	8. Well No.
3. Address of Operator P.O. Box 2557 - Midland, Texas 79702	9. Pool name or Wildcat
4. Well Location	
Unit Letter B : 550 Feet From The F-N-L Line and _	2310 Feet From The F-E-L Line
Section 11 Township 17-S Range 3-F	
10. Elevation (Show whether DF, RKB, RT, GR, a	NMPM Lea County
11. Check Appropriate Box to Indicate Nature of Notion NOTICE OF INTENTION TO:	ce, Report, or Other Data SUBSEQUENT REPORT OF:
REDEODM DEMEDIAL WORK	·
TEMEDIAL WO	RK ALTERING CASING
TEMPORARILY ABANDON	RILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST A	ND CEMENT JOB
OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date work) SEE RULE 1103.	s, including estimated date of starting any proposed
1) Set 5-1/2" Cast Iron Bridge Plug at 11,450' and ca 2) Load hole with mud. 3) Spot 100' cement plug at Abo-8722'. 4) Spot 150' cement plug at Whipp Stock at 8250' 75' 5) Spot 100' cement plug at 5-1/2" stub approximately 6) Spot 100' cement plug at Glorietta 6744'. 7) Spot 100' cement plug at 8-5/8" shoe 4498' and tag 8) Spot 100' cement plug at 13-3/8" shoe 465'. 9) 15 sacks cement plug at surface.	above 75'. 7000' 50' in and 50' out and tag.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SKINATURE 1/ag mon // allerode TITLE Supone	DATE 2-15-93
TYPE OR PRINT NAME	TELEPHONE NO.

DISTINCT 1 SUPERVISOR

FEB 1 5 1993

(This space for State Use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY

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FEB 1 5 1993
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