

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Charles B. Gillespie, Jr.	8. Farm or Lease Name Shipp "DA"
3. Address of Operator P. O. Box 8 Midland, Texas 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>H</u> <u>2130</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>10</u> TOWNSHIP <u>17-S</u> RANGE <u>37-E</u> N.M.P.M.	10. Field and Pool, or Wildcat Humble City Strawn
15. Elevation (Show whether DF, RT, GR, etc.) 3752.4' G.L.	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	

17. 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.

- Moved in rotary rig and began drilling 17 1/2" hole at 2:00 p.m. 11/28/87.
- Ran 10 jts. 13 3/8" 68# K-55 casing set at 442'.
- Cemented with 490 sx BJ class "C" 2% CaCl. Plug down @ 12:45 p.m. 11/29/87, cement circulated 120 sx.

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

SIGNED *David H. Hodge* TITLE Production Manager DATE 12/02/87

ORIGINAL SIGNED BY DAVID H. HODGE
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE DEC 4 1987

CONDITIONS OF APPROVAL, IF ANY:

DEC 3 1967
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