

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

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
30-025-32435

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
VB-0333

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.)

7. Lease Name or Unit Agreement Name

State "P"

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator  
Charles B. Gillespie, Jr.

8. Well No.  
1

3. Address of Operator  
P.O. Box 8 Midland, TX 79702

9. Pool name or Wildcat  
Scharb Bone Spring

4. Well Location  
Unit Letter 0 : 550 Feet From The South Line and 1980 Feet From The East Line

Section 2 Township 19-S Range 34-E NMPM Lea County

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

3975 GR

11. 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 ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☒  
OTHER: ☐

12. 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.

4/10/94 Drilled 11" hole to 4150'. Set 8 5/8" 32# J-55 casing @ 4149'. Cemented with 220 SX of Class "C" Lite Tailed with 150 SX of Class "C" with 1% CaCL2. Waited on cement 12 hours. Tested B.O.P. and 8 5/8" casing. Held O.K. Drilled out.

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

SIGNATURE

*Kevin Widner*

TITLE

Production Manager

DATE 4/13/94

TYPE OR PRINT NAME

Kevin Widner

(915) 683-1765  
TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY KEVIN WIDNER  
DISTRICT SUPERVISOR

APR 20 1994

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: