

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

FE
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Budget Bureau No. 1004-0135
Expires August 31, 1985

dsf

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different depth.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR Charles B. Gillespie, Jr. ✓

3. ADDRESS OF OPERATOR P. O. Box 8 Midland, Texas 79702
O. C. D. ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' FSL & 1980' FEL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3464.2 GR

5. LEASE DESIGNATION AND SERIAL NO. NM-0522

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME Poker Lake

8. FARM OR LEASE NAME Poker Lake Unit

9. WELL NO. 75

10. FIELD AND POOL, OR WILDCAT Poker Lake Delaware, South

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 28-T24S-R31E

12. COUNTY OR PARISH Eddy 13. STATE New Mexico

MAY 24 '90

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Change of well number

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) _____

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Well number changed from Poker Lake Unit Well No. 73 to Well No. 75 due to a change in the 1990 Poker Lake Unit Drilling Program.

RECEIVED
MAY 10 10 00 AM '90

ACCEPTED FOR FILE
WEL

18. I hereby certify that the foregoing is true and correct

SIGNED William R. Crow TITLE Exploration Manager DATE 5/09/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Post ID-3
6-1-90
chg well name#

*See Instructions on Reverse Side