

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN T
(Other Instruc
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-0522

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

1.

OIL WELL ☐ GAS WELL ☐ OTHER ☒ Disposal Well

2. NAME OF OPERATOR

Charles B. Gillespie, Jr.

MAR 2 '90

3. ADDRESS OF OPERATOR

P.O. Box 8 Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

660' FSL & 660' FEL

C.C.D. ARTESIA, OFFICE

10. FIELD AND POOL, OR WILDCAT

Poker Lake, South-Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 28-T24S-R31E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3473' GR

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Pressure Test BOP

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

XX

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

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.)*

1/20/90: Tested casing and pressure tested blowout preventer to 1000# for 30 minutes, tested OK.

FEB 22 11 20 AM '90

RECEIVED

RECORD

FEB 7 7 1990

DEPARTMENT OF THE INTERIOR

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

SIGNED

Charles B. Gillespie, Jr.

TITLE

Production Manager

DATE

2/19/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side