

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN PLICATE*
(Other instructions on reverse 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 ☐

2. NAME OF OPERATOR

Charles B. Gillespie, Jr. ✓

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

810' FSL & 810' FEL

RECEIVED

JAN 20 '89

O. C. D.

ARTESIA OFFICE

7. UNIT AGREEMENT NAME

Poker Lake

8. FARM OR LEASE NAME

Poker Lake Unit

9. WELL NO.

70

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 28-T24S-R31E

14. PERMIT NO.

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

3472.7' 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) Alter Cement Program

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Cement 8 5/8", 24# J-55 and 32# J-55 casing with 500 sx class 'C' containing 1/4#/sk Flocele. Run guide shoe and insert float on bottom joint, and 3-6 centralizers. Use rubber wiper plug to displace cement.

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

SIGNED

David W. Hartig

TITLE Production Manager

DATE 12/22/88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ORIG. SGD. RAJ GIRI

CHIEF, MINERAL RESOURCES

DATE

1-19-89

*See Instructions on Reverse Side