

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE APPLICABLE*
(Other instructions on re-
verse side)

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-0522	
2. NAME OF OPERATOR Charles B. Gillespie, Jr.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 8 Midland, Texas 79702		7. UNIT AGREEMENT NAME Poker Lake	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 810' FEL		8. FARM OR LEASE NAME Poker Lake Unit	
14. PERMIT NO.		9. WELL NO. 72	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3482.4' GR 3497.4' KB		10. FIELD AND POOL, OR WILDCAT Undesignated Delaware	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28-T24S-R31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <u>Spud and surface casing</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.) *

- 5/2/89: Moved in and rigged up Grace Drilling Company Rig #447.
- 5/3/89: Grace Drilling Company Rig #447 spudded 12 1/4" hole at 10:30 a.m. 5/3/89. Drilled to 600'. Ran 20 jts. 8 5/8" 32# J-55 casing set at 600' K.B.
- 5/4/89: Cemented with 400 sx Halliburton class 'C' containing 2% CaCl. Plug down at 1:30 a.m. 5/4/89. Cement circulated 115 sx.
- 5/5/89: W.O.C. 18 hrs. Tested casing to 1000# for 30 minutes, tested ok. Commenced drilling 7 7/8" hole.

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

SIGNED <u>[Signature]</u>	TITLE <u>Production Manager</u>	DATE <u>5/22/89</u>
(This space for Federal or State police use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

SJS