

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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Form approved.
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. 30-015-26109		9. WELL NO. 72	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3482.4' GR 3497.4' KB		10. FIELD AND POOL, OR WILDCAT South Poker Lake - Delaware	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28-T24S-R31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE Nm	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input 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.)*

8/30/89: Perforated 5832'-5868' with 2 shots per foot.
Acidized with 3800 gallons 7.5% acid and ball sealers, average rate 5 BPM at 1800 psi.

RECEIVED
SEP 11 9 58 AM '89
CARL
AREA
WELLS

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

SIGNED Paul W. Hart

TITLE Production Manager

DATE 09/07/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side