

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instruct on re-
verse side)

Budget Bureau NO. 1004-0155
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM-030454

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.)

7. UNIT AGREEMENT NAME

Poker Lake

8. FARM OR LEASE NAME

Poker Lake Unit

9. WELL NO.

73

10. FIELD AND POOL, OR WILDCAT

Poker Lake Delaware, South

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

Sec. 33-T24S-R31E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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

660' FNL & 660' FEL

14. PERMIT NO.

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

3469.9' GR 3485.0' KB

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

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

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.)*

6/26/90: Tested 8 5/8" casing and pressure tested blowout preventer to 1000#
for 30 minutes, tested OK.

RECEIVED
JUL 12 10 52 AM '90
CATTLE
AREA

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

SIGNED

Charles B. Gillespie, Jr.

TITLE Production Manager

DATE 7/11/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side