

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OF COPY REQUIRED
(Other to be filled on reverse side)

NOTIFIED Form No.
NMD60-3160-4

5. LEASE DESIGNATION AND SERIAL NO.

NM 030454

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Poker Lake

8. FARM OR LEASE NAME

Poker Lake Unit

9. WELL NO.

75

10. FIELD AND POOL, OR WILDCAT

Poker Lake Delaware, South

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

Sec. 33-T24S-R31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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.

3a. Area Code & Phone No.

915-683-1765

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

725' FNL & 1880' FEL

14. PERMIT NO.

30-015-26518

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

3463.2' GR 3477' 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)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

17. DESCRIBE PROMISED 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.)

3/26/91: Perforated 5984-5999' with 2 shots per foot.
Acidized with 4000 gallons 7.5% acid and ball sealers,
average rate 4 BPM at 850 psi.

RECEIVED

APR 19 10 12 AM '91

CARLSBAD AREA OFFICE

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

SIGNED

Charles B. Gillespie, Jr.

TITLE Production Manager

DATE 4/17/91

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

536

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side