

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OFFICE FOR NAME  
OF COPIES REQUIRED  
(Other instructions on re-  
verse side)

Oil and Gas Lease  
Modified Form No.  
MD60-3160-4

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 030454	
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  725' FNL & 1880' FEL		8. FARM OR LEASE NAME Poker Lake Unit	
14. PERMIT NO. 30-015-26518		9. WELL NO. 75	
15. ELEVATIONS (Show whether DT, RT, CR, etc.) 3463.2' GR 3477' KB		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	

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

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 checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <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 PLANS <input type="checkbox"/>	(Other) <u>Workover</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.)\*

- 4-27-91: Ran Pump-In Tracer Survey. Survey indicated channel above and below perforations 5984-5999'.
- 4-30-91: Halliburton squeezed perforations 5984-5999' with 50 SX Class "C" cement.
- 5-2-91: Drilled out cement and put well back on pump to test cement squeeze. Pumped well dry.
- Preparing to re-perforate 5988-5994'.
- Will file Form C-116 Gas-Oil Ratio Test when workover is completed.

RECEIVED  
JUN 7 10 47 AM '91  
CARLETT  
AREA MANAGER'S OFFICE

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

SIGNED David W. Hart TITLE Production Manager DATE 6/4/91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

SJS