

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Modified Form No.
NM060-3160-4

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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		3a. Area Code & Phone No. 915-683-1765		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
				9. WELL NO. 75
				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
14. PERMIT NO. 30-015-26518		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3463.2' GR 3477' KB		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 type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANT <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)*

6/18/91: Perforated 5988-5994' with 2 shots per foot.
Acidized with 1000 gallons 7.5% NEFE acid at average rate
1.3 bpm at 350#.

6/21/91: Ran Frac treatment consisting of 17,500 gallons of Boragel
plus 58,100 lbs. 20/40 Brady sand, average rate 10 bpm at
950 PSI.

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

SIGNED

David W. Bentley

TITLE Production Manager

DATE 8/01/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

1991
SJS