

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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(Other instructions on reverse side)

WELL NOTICE
Modified Form No.
NM60-3160-4

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"/>		2. NAME OF OPERATOR Charles B. Gillespie, Jr.		3. Area Code & Phone No. 915-683-1765	
4. ADDRESS OF OPERATOR P.O. Box 8 Midland, Texas 79702					
5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 495' FNL & 660' FWL					
14. PERMIT NO. 30-015-26772		15. ELEVATIONS (Show whether SP, RT, CL, etc.) 3483.9' GR 3495' KB			
6. LEASE DESIGNATION AND SERIAL NO. NM 030454		7. UNIT AGREEMENT NAME Poker Lake			
8. IF INDIAN, ALLOTTEE OR TRIBE NAME		9. FARM OR LEASE NAME Poker Lake Unit			
10. FIELD AND POOL, OR WILDCAT Poker Lake Delaware, South		11. SEC. T., R., M., OR BLM. AND SURVEY OR AREA Sec. 34-T24S-R31E			
12. COUNTY OR PARISH Eddy		13. STATE NM			

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 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 PLANT <input type="checkbox"/>	(Other) <input type="checkbox"/>	Spud and Surface Casing <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DRY HOLE, IMPROVED 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.)

6/30/91: Peterson Drilling Company Rig #2 spudded 12 1/4" hole at 9:00 a.m. 6/30/91.

7/09/91: Drilled 12 1/4" hole to 620'. Ran 12 jts. 8 5/8" 24# J-55 casing - could not get past 424'. Set 8 5/8" casing at 424' KB. Cemented with 500 sx Halliburton Class "C" containing 2% CaCl. Plug down at 12:00 a.m. 7/09/91. Cement did not circulate. Ran temperature survey - top of cement outside 8 5/8" casing at 65'. Ran 1" tubing to 65'. Pumped 50 sx Class "C" containing 3% CaCl - cement did not circulate. Wait on cement 3 hrs. Ran 1" tubing to 65'. Pumped 50 sx Class "C" containing 3% CaCl - cement did not circulate. Wait on cement 3 hrs. Ran 1" tubing to top cement at 60'. Pumped 50 sx Class "C" containing 3% CaCl - cement did not circulate. Wait on cement 3 hrs. Ran 1" tubing to top cement at 50'. Pumped 50 sx Class "C" containing 3% CaCl - cement did not circulate - top of cement at 16'. Pumped 15 sx cement - filled to surface.

7/10/91 Tested 8 5/8" casing to 500 # for 30 minutes, tested ok.

(continued)

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

SIGNED David W. Lantry TITLE Production Manager DATE 7/16/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side