

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse side)

UNIT STATES DEPARTMENT OF THE INTERIOR
Modified Form No.
MDSO-3160-4

c/SF

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"/> CAR WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR Charles B. Gillespie, Jr.		3a. Area Code & Phone No. 915-683-1765		5. LEASE DESIGNATION AND SERIAL NO. NM 030454
3. ADDRESS OF OPERATOR P.O. Box 8 Midland, Texas 79702		3b. AREA OFFICE ARIESA		7. UNIT AGREEMENT NAME Poker Lake		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 495' FNL & 660' FWL		15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3483.9' GR 3495' KB		8. FARM OR LEASE NAME Poker Lake Unit		9. WELL NO. 76
14. PERMIT NO. 30-015-26772		16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		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

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

17. DATE, TIME, 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.)

(continued)

7/11/91: Drilled 7 7/8" hole to 687'. Ran 17 jts. 7" 23# J-55 casing set at 687' KB. Cemented with 225 sx Halliburton Class "C" containing 2% CaCl. Plug down at 10:00 a.m. 7/12/91. Cement did not circulate. Ran temperature survey - top of cement outside 7" casing at 490'. Opened braden head valve and squeezed 7" casing with 175 sx Class "C" cement - did not squeeze. Re-squeezed 7" casing with 50 sx Class "C" cement - did not squeeze. Re-squeezed 7" casing with 100 sx Class "C" cement.

7/13/91: Wait on cement 18 hrs. Tested 7" casing to 1000# for 30 minutes, tested ok. Commenced drilling 6 1/4" hole.

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

SIGNED [Signature] 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

23 1991
SJS