

RECEIVED

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

3160-5

Modified Form No.

NO60-3160-4

5. LEASE DESIGNATION AND SERIAL NO.

NM 030454

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>		7. UNIT AGREEMENT NAME Poker Lake
2. NAME OF OPERATOR Charles B. Gillespie, Jr.		8. FARM OR LEASE NAME Poker Lake Unit
3. ADDRESS OF OPERATOR P.O. Box 8 Midland, Texas 79702		9. WELL NO. 76
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		10. FIELD AND POOL, OR WILDCAT Poker Lake Delaware, South
14. PERMIT NO. 30-015-26772		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34-T24S-R31E
15. ELEVATIONS (Show whether DV, ST, OR, etc.) 3483.9' GR 3495' KB		12. COUNTY OR PARISH 13. STATE Eddy 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 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) Pressure Test BOP <input checked="" type="checkbox"/>	(Other) <input checked="" type="checkbox"/>

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.)

7/10/91: Tested 8 5/8" casing and pressure tested blowout preventer to 500# for 30 minutes, tested ok.

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

SIGNED

Charles B. Gillespie, Jr.

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

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