

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR MATTER
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NEW MEXICO DISTRICT
Modified Form No.
NM60-3160-4

2154

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"/>		3a. Area Code & Phone No. (915)683-1765		5. LEASE DESIGNATION AND SERIAL NO. NM030454
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 79701				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 Unit Letter D, 495' FNL & 660' FWL				8. FARM OR LEASE NAME Poker Lake Unit
14. PERMIT NO. 30-015-26772		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3483.9' GR 3495' KB		9. WELL NO. 76
				10. FIELD AND POOL, OR WILDCAT Poker Lake Delaware South
				11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 34-T-24-S-R-31-E
				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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANT <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Cement Production Casing <input checked="" 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.)*

Cement program for 4 1/2" production casing was altered.
2 stage job was proposed, but circulation was lost during first stage and DV tool was not opened for second stage.
Cement bond log run 8/08/91 indicated top cement outside 4 1/2" casing at 5080'.
Well was completed 8/30/91. It is proposed to continue to produce well until 8/30/92 and evaluate. If deemed necessary, well will be squeezed from approximately 5080' and cement brought back to 100' above base of salt at 4300+.

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

SIGNED

David W. Hart

TITLE Production Manager

DATE 10/22/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

4 1991

SOS

*See Instructions on Reverse Side