

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	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 and Telephone No. P. O. Box 8 Midland, Texas 79702 (915)683-1765	7. If Unit or CA, Agreement Designation Poker Lake
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FNL & 660' FEL Sec. 33-T24S-R31E	8. Well Name and No. Poker Lake Unit No. 77
	9. API Well No. 30-015-26955
	10. Field and Pool, or Exploratory Area Poker Lake Delaware, South
	11. County or Parish, State Eddy County, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Pressure Test BOP	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

3/1/92: Tested 13 3/8" casing and pressure tested blowout preventer to 1000# for 30 minutes, tested ok.

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

Signed <u>Charles B. Gillespie, Jr.</u>	Title <u>Production Manager</u>	Date <u>3/5/92</u>
(This space for Federal or State office use)		
Approved by <u>Barbara Glass</u>	Title _____	Date _____
Conditions of approval, if any: <u>1992</u>		