

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECF  
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915F  
BIM Roswell District  
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 different reservoirs.  
Use "APPLICATION FOR PERMIT—" for proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	CARL... RESOURCE AREA H... WATERS	5. LEASE DESIGNATION AND SERIAL NO. NM-0522
2. NAME OF OPERATOR Charles B. Gillespie, Jr. ✓	3a. Area Code & Phone No. 915-683-1765	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 8 Midland, Texas 79702	RECEIVED OCT 15 '90	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 660' FSL & 1980' FEL	8. FARM OR LEASE NAME Poker Lake Unit	9. WELL NO. 75
14. PERMIT NO. 30-015-26177	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3464.2 GR	10. FIELD AND POOL, OR WILDCAT Poker Lake Delaware, South
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 28-T24S-R31E
NOTICE OF INTENTION TO:		12. COUNTY OR PARISH Eddy
SUBSEQUENT REPORT OF:		13. STATE New Mexico

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 PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

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.)

(Other) Extension for Permit to Drill X

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

Request 1 year extension for permit to drill.  
Well will be drilled in accordance to general requirements and special stipulations as noted in Application for Permit to Drill approved 8/30/89.

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

SIGNED <u>[Signature]</u>	TITLE <u>Production Manager</u>	DATE <u>9/28/90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>10 10 90</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side