Form 3160-5 **UNITED STATES** FORM APPROVED Budget Bureau No. 1004-0135 (June 1990) DEPARTMENT OF THE INTERIOR Expires: March 31, 1993 BUREAU OF LAND MANAGEMENT 5. Lease Designation and Serial No. NM 04411 SUNDRY NOTICES AND REPORTS ON WELLS 6. If Indian, Allottee or Tribe Name 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 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICATE I. Type of Well Oil Well 8. Well Name and No. 2. Name of Operator Hamilton Federal #4 9. API Well No. Charles B. Gillespie, Jr
3. Address and Telephone No. 30-025-32230 P.O. Box 8 Midland, Texas 79702

4 Location of Well (Footage, Sec., T., R., M., or Survey Description) (915) 683-1765 10. Field and Pool, or Exploratory Area West Lovington Strawn 11. County or Parish, State 1980' FWL & 660 FSL Section 33, T-15-S, R-35-E Lea County, New Mexico CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Abandonment Change of Plans Recompletion New Construction X Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut-Off Final Abandonment Notice Altering Casing Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well 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.)* 9/27/93: Ziadrill Rig #2 spudded 17 1/2" hole @ 8:00 a.m. 9/26/93. Drilled 17 1/2" hole to 390'. Set 9 jts 13 3/8" 48# H-40 ST&C casing @ 385'. PD @ 4:00 p.m. 9/26/93. Circulated 25 SX to surface. 9/28/93: Waited on cement 18 hrs. Tested 13 3/8" casing and BOP to 600 psi for 15 min, held ok. Commenced drilling 11" hole. ACCEPTED FOR RECORD IORIG. SGD.) DAVID R. GLASS 2 1993 CARLSBAD, NEW MEXICO 14. I hereby certify that the foregoing is true and correct Production Manager 11/9/93 (This space for Federal or State office use) Approved by _______ Conditions of approval, if any: Title

