

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

NM 58815

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

RONADERO FEDERAL

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

PARKWAY DELAWARE

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 31, T19S, Range 30E

12. COUNTY OR PARISH 13. STATE

EDDY

NM

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 GAS WELL OTHER

2. NAME OF OPERATOR
THE EASTLAND OIL COMPANY

3. ADDRESS OF OPERATOR
P. O. DRAWER 3488, MIDLAND, TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

UNIT LETTER M: 660' FWL AND 810' FSL,
SECTION 31, TOWNSHIP 19S, RANGE 30E, EDDY COUNTY, NM

14. PERMIT NO.
30-015-26403

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)
PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) CHANGE OF OPERATOR
REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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.)*

LEASE PURCHASED FROM FRED POOL DRILLING, INC. 09/01/90.

RECEIVED
OCT 17 10 58 AM '90
CARTER
AREA

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

SIGNED Francis Reed

TITLE PRODUCTION SUPERINTENDENT

DATE 10/15/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side