Submit 3 Copies To Appropriate District Office District	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 Revised March 25, 1999	
District 1 1625 N. French Dr., Habbs, NM 88240	is the second se			WELL APINO.	
<u>District II</u> 811 South First, Artesia, IVM 88210	OIL CONSERVATION DIVISION			5. Indicate Type	of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE [FEE X
District IV	Santa Fe, NM 8/304			6. State Oil & C	
1220 S. St. Francis Dr., Santa Fe, NM 87504				7 Laga Nama o	r Unit Agreement Name:
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" (FORM C-101) FOR SUCH PROPOSALS.)					
1. Type of Well:				Harroun "A"	
Oil Well X Gas Well 2. Name of Operator	Other		=N/ED	8. Well No.	
The Eastland Oil Compa	iny		EIVED	7	
3. Address of Operator	JAN 2 0 7004			9. Pool name or Wildcat	
P. O. Box 3488 Midland	1, TX 79702		ARTESIA	Herradura B	end Delaware
	_				
Unit Letter M:	530 feet from the W	lest	line and <u>33</u>	O feet from	n the South line
Section 28	Township 22	hether D.		NMPM (c.)	CountyEddy
11 Check A	3036 GR - KB 3 Appropriate Box to Ind	licate Na	ature of Notice.	Report or Other	Data
	ITENTION TO:		SUB REMEDIAL WOR	SEQUENT RE	PORT OF: ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	ND X	
OTHER:			OTHER:		
of starting any proposed or complor of starting any proposed work or recompilation. Harroun A#7 was spudded 24# csg. and set at 420 surface. WOC 18 hrs. Drawith 154 sx. lead cemer excess. Bump plug with Will move in rig later.). SEE RULE 1103. For Points of the second o	Multiple (H hole nented to 2476 POZ + Cemen	was drilled with 208 sx. Ran 2475' 2%D20+0.2%D4 t in place a	to 434'. Ra Class C & 2% 5 1/2" 15:50 6. Circulated t 9:30P.M. 1-	of proposed completion n 10 Jts. 8 5/8" CACL, circulated to # casing, cemented to surface 20 sx 13-04.
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t a'					
I hereby certify that the informatio	n above is true and comple	ete to the	best of my knowle	dge and belief.	
SIGNATURE Analis		_TITLE_			DATE_ 1-16-04
Type or print name Travis I				Telep	phone No. 432-683-6293
(This space for State use)	FOR RECORDS OF	NLY.			JAN 2 4 2004
APPPROVED BY Conditions of approval, if any:		TITLE_			DATE