

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87504

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87504

Form C-103  
Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		<b>WELL API NO.</b> 30-015-33146
<b>1. Type of Well:</b> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		<b>5. Indicate Type of Lease</b> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
<b>2. Name of Operator</b> The Eastland Oil Comapny		<b>6. State Oil &amp; Gas Lease No.</b>
<b>3. Address of Operator</b> P. O. Box 3488 Midland, Texas 79702		<b>7. Lease Name or Unit Agreement Name:</b> Harroun "A"
<b>4. Well Location</b> Unit Letter <u>M</u> : <u>530</u> feet from the <u>West</u> line and <u>330</u> feet from the <u>South</u> line Section <u>28</u> Township <u>22-S</u> Range <u>28-E</u> NMPM County <u>Eddy</u>		<b>8. Well No.</b> 7
<b>10. Elevation (Show whether DR, RKB, RT, GR, etc.)</b> 3036' GR - 3048 KB		<b>9. Pool name or Wildcat</b> Herradura Bend Delaware

<b>11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data</b>			
<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Stimulation <input checked="" type="checkbox"/>	

**12. Describe proposed or completed operations.** (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Treat with 500 gals. 15% NEFF and fractured with 2500 gals lease oil and 1500 lbs. 20/40 Sand at 4.7 BPM. Start pumping back load.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Travis Reed TITLE Agent DATE 2-24-04

Type or print name Travis Reed Telephone No. 432-683-6293

(This space for State use)

**FOR RECORDS ONLY**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE FEB 27 2004

Conditions of approval, if any: