

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-005-06745

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

J. C. Nail

8. Well No.
1

9. Pool name or Wildcat
Pecos Slope-Abo Gas

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:
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. Well Location
Unit Letter O : 660 Feet From The South Line and 1980 Feet From The East Line

Section 33 Township 5-S Range 24E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4073' RKB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

Casing in Well:

10-3/4" 40.5# set @940' - Cemented w/900 sacks circulated

4 1/2" 10.5# set @4104' - cemented w/440 sacks - Perforated @3856'-3942'.

Plug as follows:

- 1) Spot 25 sx @3942' and tag.
- 2) Load hole w/mud laden fluid
- 3) Spot 15 sx @3242'
- 4) Spot 15 sx @990' and tag 54 w/75 5x
- 5) Spot 10 sx @surface
- 6) Cut off well head and anchors
- 7) Install dry hole marker.

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

SIGNATURE Travis Reed TITLE Production Superintendent DATE 8/29/94

TYPE OR PRINT NAME TRAVIS REED TELEPHONE NO. 915/683-629

(This space for State Use)

SUPERVISOR, DISTRICT II

OCT 17 1994

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: