

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.

30-005-62176

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

L-6773

7. Lease Name or Unit Agreement Name

EASTLAND STATE

8. Well No.

3

9. Pool name or Wildcat

FOOR RANCH PRE PERMIAN

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 PERMITS (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 J : 1650 Feet From The SOUTH Line and 1980 Feet From The EAST Line

Section 13

Township 9-S

Range 26E

NMPM

EDDY

County

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

3821 GR

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: PERFORATE AND TEST WOLFCAMP ☒

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.

PROPOSE TO SET CIBP @5825' w/35' CMT. ON TOP, SHUTTING OFF PERFS 5874'-5970'.

PERFORATE ZONE 5212-16, 28-36, 5303-14. ACIDIZE & TEST, AS NEEDED.

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 6/10/93

TYPE OR PRINT NAME TRAVIS REED

TELEPHONE NO. 915/683-6293

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

TITLE DATE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

JUN 17 1993