

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 87501

JUL 26 1993

WELL API NO. 30-005-62176
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3831' KB

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> 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 26-E NMPM CHAVES County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3831' KB

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: PERF. & TEST UPPER ZONE ☒

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.

7-12-93 Set CIBP @5824' w/35' cmt. on top. PBTB 5789'.
7-13-93 Perforate 5212'-16'; 28'-36'; 5303'-14' w/1 shot per ft., total 26 holes.
Treated w/2000 gal. 20% HCL acid @4 BPM. Swab load back, recovered formation
water & small amount of gas.
7-15-93 Rig down, move off. T.A. to work up plugging procedure.

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 7/22/93
TYPE OR PRINT NAME TRAVIS REED TELEPHONE NO. 915/683-6293

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT I

APPROVED BY _____ TITLE _____ DATE JUL 26 1993

CONDITIONS OF APPROVAL, IF ANY: