

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR.  
(Other instruction  
verse side)

CATE.  
on re

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 58033

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

COASTAL FEDERAL

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

HIGH LONESOME, QUEEN

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 19, T16S, Rg. 29E

12. COUNTY OR PARISH

EDDY

13. STATE

NM

1. 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. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
UNIT LETTER G: 1980 ft. FNL & 1980 ft. FEL,  
SEC. 19, T16S, RANGE 29E, EDDY CO., NM

RECEIVED

OCT 19 '90

O. C. D.

ARTESIA, OFFICE

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

CHANGE OF OPERATOR

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

X

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

LEASE PURCHASED FROM FRED POOL DRILLING, INC. 09/01/90.

RECEIVED  
OCT 17 11 03 AM '90  
CASA  
AREA

18. I hereby certify that the foregoing is true and correct

SIGNED James Reed

TITLE PRODUCTION SUPERINTENDENT

DATE 10/12/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side