

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate*
(Order instruct.
verse side)

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

45F

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—" for such proposals.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

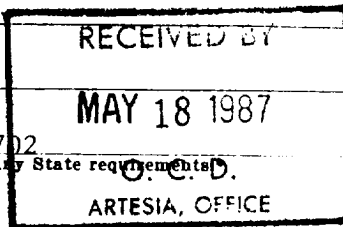
2. NAME OF OPERATOR
The Eastland Oil Company

3. ADDRESS OF OPERATOR
P.O. Drawer 3488, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface 660' FNL and 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3648' GR, 3658' RKB



5. LEASE DESIGNATION AND SERIAL NO.
NM0334702

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Power Grayburg Unit

8. FARM OR LEASE NAME
Power Grayburg TR 2

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Power Grayburg-San Andres

11. SEC., T., R., E., OR B.L. AND SURVEY OR AREA
Sec 6, T-18-S, R-31-E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

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

NOTICE OF INTENTION TO:

| | | | |
|---------------------|---------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | MULTIPLE COMPLETE | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | ABANDON* | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | Change to water injection | XX | |

SUBSEQUENT REPORT OF:

| | | | |
|-----------------------|--------------------------|-----------------|--------------------------|
| WATER SHUT-OFF | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| FRACTURE TREATMENT | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| (Other) | | | |

(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.) *

Move in pulling unit, pull rods and tubing and lay down.
Pick up and run plastic coated 2-3/8" tubing and packer.
Circulate with packer fluid and set packer @ 3350'.
Propose to start work in May 1987.

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

SIGNED Travis Reed

TITLE Production Superintendent

DATE 4/21/87

(This space for Federal or State office use)

APPROVED BY Scott Adams

TITLE CARLOAD RESOURCE AREA

DATE 5-12-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side