

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

COMMISSION  
SUBMIT IN TR  
(Other instructi  
vegetable)

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

clsf

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

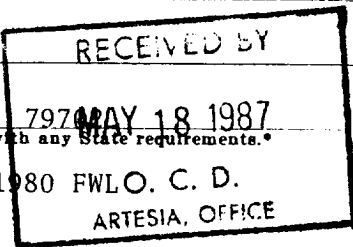
2. NAME OF OPERATOR  
The Eastland Oil Company

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
660' FNL and 1980 FWLO. C. D.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3609' GR, 3619' RT



5. LEASE DESIGNATION AND SERIAL NO.  
LC 029389 (e)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Power Grayburg Unit

8. FARM OR LEASE NAME  
Power Grayburg Unit TR 3

9. WELL NO.  
1

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

11. SEC., T., S., M., OR BLK. 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) Change to water injection ☒ (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 2-3/8" plastic coated tubing and packer.  
Circulate with packer fluid and set packer @ 3300'.  
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 AREA MANAGER  
CARLOAD RESOURCE AREA

DATE 5-12-87

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side