

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUBMIT IN TRI (Other instruction, verse side)
ATE 2 re

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

457

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injector	7. UNIT AGREEMENT NAME Power Grayburg Unit
2. NAME OF OPERATOR The Eastland Oil Company	8. FARM OR LEASE NAME Power Grayburg Unit Tr 3
3. ADDRESS OF OPERATOR P.O. Drawer 3488, Midland, Texas 79702	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State Requirements.* See also space 17 below.) At surface 660' FNL - 1980' FWL	10. FIELD AND POOL, OR WILDCAT Power Grayburg-San Andres
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 6, T-18-S, R-31-E
15. ELEVATIONS (Show whether D, RT, GR, etc.) 3609' GR - 3619' KB ARTESIA, OFFICE	12. COUNTY OR PARISH Eddy
	13. STATE New Mexico

RECEIVED BY
JUL 13 1987
P. C. D.
KB ARTESIA, OFFICE

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)	<input type="checkbox"/>		<input type="checkbox"/>

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) Packer setting for wtr inj.	<input type="checkbox"/>		<input type="checkbox"/>

(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.)*

7-2-87: Moved in and rigged up pulling unit, Pull rods & tubing and layed down, Picked up Baker AD-1 packer and 106 jts 2-3/8" internally plastic coated tubing 3301' set at 3309', Circulated hole w/corrosion inhibited packer fluid, Pressure back side w/500 psi, Held ok.

ACCEPTED FOR RECORD

JUL 10 1987
SJS

CARLSBAD, NEW MEXICO

RECEIVED
JUL 9 11 20 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

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

SIGNED Travis Reed TITLE Production Superintendent DATE 7-8-87
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Post ID-3
7-12-87
chy to WFW