

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL & GAS PERMIT
(Other States follow same slide)
Teresa, NM 88210

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

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 Unit TR-2

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Power Grayburg-San Andres

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

Sec. 6, T-18-S, R-31-E

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, 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 & 1980' FEL

14. PERMIT NO.

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

3643 RT

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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

PULL OR ALTER CASING

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

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

Propose to treat perms from 3333' to 3444' w/10,000 gals. of crosslinked gel water carrying 11,000 pounds of 20/40 sand & 5,200 pounds of 12/20 sand. Treat down tubing below packer.

RECEIVED

JUL 13 '90

O. C. D.
ARTESIA, OFFICE

RECEIVED
JUL 5 8 02 AM '90
CARL AREA
FHS

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

SIGNED

Louis Reed

TITLE

Production Superintendent

DATE

7-02-90

(This space for Federal or State office use)

APPROVED BY

Orig. Signed by [Signature]

TITLE

PETROLEUM IN

DATE

7 9 90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side