

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

215F

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.)

RECEIVED

|  |  |   |  |
|--|--|---|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Injection   |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM0299468                          |  |
| 2. NAME OF OPERATOR<br>The Eastland Oil Company  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                      |  |
| 3. ADDRESS OF OPERATOR<br>P. O. Drawer 3488, Midland, Texas 79702  |  | 7. UNIT AGREEMENT NAME<br>Power Grayburg Unit                             |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>330' FNL & 1980' FWL |  | 8. FARM OR LEASE NAME<br>Power Grayburg Unit Tr 1A                        |  |
| 14. PERMIT NO.   |  | 9. WELL NO.<br>3  |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3704' GR   |  | 10. FIELD AND POOL, OR WILDCAT<br>Power Grayburg San Andres               |  |
|  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec 5, T-18-S, R-31-E |  |
|  |  | 12. COUNTY OR PARISH<br>Eddy  |  |
|  |  | 13. STATE<br>NM   |  |

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other) Change to producer

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(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.) \*

Due to limited pressure we are unable to inject water in this well, therefore we propose to convert it to producer, by lowering down and pulling plastic coated tubing and packer, rerun 2 3/8" tubing and 3/4" rods. Set pumping unit and start pumping to test tank. Propose to start work in next 7 - 10 days.

RECEIVED  
Aug 3 11 00 AM '88

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

SIGNED Louis Reed

TITLE Production Superintendent

DATE 8/2/88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE 8-11-88

Subject to  
Like Approval  
by State

\*See Instructions on Reverse Side