

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instruction
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-047633 (B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Power Grayburg Unit

8. FARM OR LEASE NAME

Power Grayburg Unit Tr 4

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Power Grayburg - San Andres

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

Sec 1, T-18-S, R-31-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1.

OIL WELL ☐ GAS WELL ☒ OTHER

Water Injection

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 - 660' FEL

14. PERMIT NO.

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

3579' GR - 3589' KB

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Start Water injection

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

On July 10, 1987 @ 1:30 p.m. started injecting water in this well.

ACCEPTED FOR RECORD

JUL 21 1987

SJS

CARLSBAD, NEW MEXICO

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

SIGNED

Travis Reed

TITLE Production Superintendent

DATE 7-14-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

