Form 3160-5 (INI)) ST	TATES	SUBMIT IN TRIPLIC 6.	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985
Formerly 9-331) DEPARTMENT OF T	HE INTERIO	R (Other instructions on re-	5. LEASE DESIGNATION AND SERIAL NO
BUREAU OF LAND MANAGEMENT			LC-047633(b) 6. IF INDIAN, ALLOTTRE OR TRIBE NAME
SUNDRY NOTICES AND	doopen or plug has	rk to a different reservoir.	y, it indian, adjusting on thing was
Use "APPLICATION FOR FER	MIT- " for such pro	PECSIVED	7. UNIT AGREEMENT NAME
OIL X GAS OTHER			Power Grayburg Unit
WELL X WELL _ OTHER 2. NAME OF OPERATOR		unv 17 '90	8. FARM OR LEASE NAME
The Eastland Oil Company		MM II 00	Power Grayburg Unit TR4
3. ADDRESS OF OPERATOR		O. C. D.	9. WELL NO.
P. O. Drawer 3488, Midland, Texas 79702 4. LOCATION OF WELL (Report location clearly and in accordance with any See also space 17 below.) At surface		tate requireme新聞以內,OFFICE	10. FIELD AND POOL, OR WILDCAT Power Grayburg-San Andre
			11. SEC., T., R., M., OR BI.K. AND SURVEY OR ARMA
1650' FNL-330' FEL			Sec. 1, T-18-S, R-30-E
14. PERMIT NO. 15. ELEVATIONS	S (Show whether DF,	RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	801 GR		Eddy NM
16. Check Appropriate Box	r To Indicate No	ature of Notice, Report, or (Other Data
NOTICE OF INTENTION TO			TENT REPORT OF:
		WATER SHUT-OFF	REPAIRING WELL
TEST WATER SHUT-OFF FRACTURE TREAT TEST WATER SHUT-OFF WULTIPLE COMPL	1	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE ABANDON*	"	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL CHANGE PLANS		(Other) Report result	s of multiple completion on Well
(Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clean)	n state all pertinent	Completion or Recomp	pletion Report and Log form.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clean) proposed work. If well is directionally drilled, gi nent to this work.) • Propose to treat present pe gelled water carrying 11,00	erfs. from 3	302' to 3428' w/10,0	000 gallons of crosslinked
Treat down tubing below pace	cker @15BPM.	20, 10 34114 (0,200	podinas 01 22, 20 5 mm.
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18. I hereby certify that the foregoing is true and corr	ect		
de anis l'and		oduction Superintend	dent DATH 5-4-90
SIGNED JAMES TO THE			
(This space for Federal or State office use)		Similar index a	DATE: 5-14 90
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	_ TITLE		DATE