

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED		5. LEASE DESIGNATION AND SERIAL NO. NM 6852	
2. NAME OF OPERATOR THE EASTLAND OIL COMPANY		OCT 19 '90		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. DRAWER 3488, MIDLAND, TX 79702		O. C. D. ARTESIA, OFFICE		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface UNIT LETTER E, 1980 FT. FNL AND 660 FWL, SECTION 12, TS 18S, RG. 27E, EDDY CO., NM				8. FARM OR LEASE NAME CHUKKA FEDERAL	
				9. WELL NO. 2	
				10. FIELD AND POOL, OR WILDCAT ARTESIA Q-G-SA	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 12, TWP 18S, RGE. 27E	
14. PERMIT NO. 30-015-20894		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH EDDY	
				13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) CHANGE OF OPERATOR <input checked="" 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.)*

LEASE PURCHASED FROM FRED POOL DRILLING, INC. 09/01/90.

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

SIGNED Travis Reed TITLE PRODUCTION SUPERINTENDENT DATE 10/11/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
OCT 17 11 09 AM '90
CARL AREA