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DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-015-25394
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V1404
7. Lease Name or Unit Agreement Name Artesia State
8. Well No. 2
9. Pool name or Wildcat Artesia QN, GB, SA

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" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator The Eastland Oil Company	
3. Address of Operator P. O. Drawer 3488, Midland, TX 79702	
4. Well Location Unit Letter C : 2310 Feet From The West Line and 330 Feet From The North Line Section 13 Township 18-S Range 27E NMPM Eddy County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3581 GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

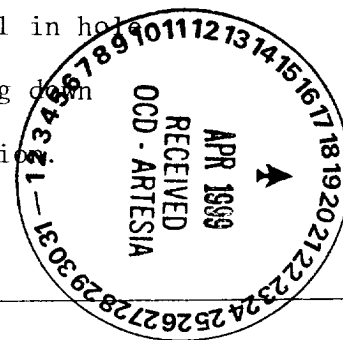
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Stimulation ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

4-1-99 Moved in Pulling Unit. Pull rods & tubing. Rig up wireline unit tool in hole with perforating gun. Correlate depth shoot 4 holes per ft. 1525' - 1535' TOOH. Pick up Stim gun with propellant. Tool in hole correlate depth. Fire stimulation gun across perfs. TOH rig down wireline unit. Tool in hole with tbg & rods, put on production.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Travis Reed TITLE Superintendent DATE 4/14/98

TYPE OR PRINT NAME Travis Reed TELEPHONE NO. 915-683-6293

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY DATE 4-20-99

CONDITIONS OF APPROVAL, IF ANY: