

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN 7 LOCATE*
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO
NM 42410

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
THE EASTLAND OIL COMPANY

3. ADDRESS OF OPERATOR
P. O. DRAWER 3488, MIDLAND, TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

UNIT LETTER M: 990' FSL AND 990' FWL, SECTION 12,
TOWNSHIP 18S, RANGE 27E, EDDY COUNTY, NM

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
COMSTOCK FEDERAL

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
ARTESIA QU GB SA

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

Sec. 12, T18S, Rge. 27E

14. PERMIT NO.
30-015-25545

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:

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) CHANGE OF OPERATOR

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

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

RECEIVED
OCT 17 11 13 AM '90
CARTER
AREA OFFICE

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

SIGNED

Louis Reed

TITLE

PRODUCTION SUPERINTENDENT

DATE 10/12/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side