

CISF
OP

State of New Mexico
Department of Energy, Minerals and Natural Resources
District II
1000 South First Avenue, N.M.S. 100
District III
1000 Rio Blanco Rd., Aztec, N.M.S. 100
District IV
1220 S. Alameda Dr., Santa Fe, N.M.S. 100

State of New Mexico
Department of Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87504

Form O-103
Revised March 1999

WELL APINOL

30-015-03542

5. Indicate Type of Lease

STATE ☒ LEASE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

P.J.A State

8. Well No.

22

9. Pool name or Wildcat

Turkey Track, 7R, 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 O-101) FOR SUCH PROPOSALS.)

1. Type of Well:

Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator

The Eastland Oil Company

3. Address of Operator

P.O. Drawr 3488, Midland, Texas 79702

4. Well Location

Unit Letter H 2310 feet from the North line and 330 feet from the East line

Section 1 Township 19-S Range 29E NMPM County Eddy

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3417 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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Pumped zone 2235' to 2255' after frac job from 4-12-01 to 5-18-01, recovered no oil or gas, shut down to evaluate. After further study propose to go back and drill out CIBP @ 2389' and fracture zone 2414' to 2452' that was only originally acidized, 3-8-01 w/1500 gals. 15% NEFE.



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

SIGNATURE Travis Reed TITLE Agent

DATE 8-20-01

Type or print name Travis Reed

Telephone No. 915-683-6293

(This space for State use)

APPROVED BY Bd

Conditions of approval, if any

**ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR**

DATE AUG 26 2001