Submit 3 Copies to Appropriate District Office

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

C154

WELL API NO. 30-015-24912

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. B-7717

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.)

7. Lease Name or Unit Agreement Name: State HL 1

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: The Eastland Oil Company

8. Well No. 3

3. Address of Operator: P. O. Drawer 3488, Midland, TX 79702

9. Pool name or Wildcat: Turkey Track 7 Rvrs, QN-GB, SA

4. Well Location

Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line

Section 1 Township 19S Range 29E NMPM Eddy County

10. Elevation *(Show whether DF, RKB, RT, GR, etc.)* 3432 KB - 3423 GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: Perforate & Treat Seven Rivers [X]		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.

Propose to set RBP @ 2,000' and perforate Seven Rivers Zone at 1860' - 65-, 1876' - 81' - 4 holes per ft. and stimulate with Stim gun propellant, and test for production.

RECEIVED OCD ARTESIA

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 4/29/1999

TYPE OR PRINT NAME Travis Reed TELEPHONE NO. 9156832693

(This space for State Use)

APPROVED BY Jim W. Gum BGO TITLE District Supervisor DATE 5-11-99

CONDITIONS OF APPROVAL, IF ANY: