30-015-25655

Oxford°

Ø ESSELTE

MADE IN U.S.A.

NO. **R753** 1/3

(a) Dm 1500-3328 (b) CN-LD 5001,-3340

Valuates Copics to Appropriate District Office

State of New Mexico. Enc. , Minerals and Natural Resources Department

4	
151	Form C-163
Ph.	Revised I-14

DISTRICTA		
P.O. Box 1980, H	obba, NM	88240

OH CONCEDUATION DIVICION

/ \1:	Form C103
J. H	Revised 1-1-89
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30-015-25655	

P.O. Box 1980, Hobbit, NM 88240 OIL CONSERVATION DIVISION	WELL API NO.
DISTRICT II	30-015-25655
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease
DISTRICT III	STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410	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
1. Type of Well:	P.J. "A" STATE
WELL XX	N SIMIL
2. Name of Operator	8. Well No.
THE EASTLAND OIL COMPANY 3. Address of Operator	1
P. O. DRAWER 3488 MIDLAND, TX 79702	9. Pool name or Wildcat Turkey Track Q, GB, S.A.
4. Well Location Unit Letter	West
Unit Letter 990 Feet From The North Line and 990	Feet From The Line
Section 1 Township 19S Range 29E	MMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
Check Appropriate Box to Indicate Nature of Notice, Re NOTICE OF INTENTION TO:	SEQUENT REPORT OF:
PEDEODA PENEDIA MODIA	
TEMPODADII VADAMBOM T	XX ALTERING CASING
COMMENCE DHILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEN	MENT JOB 🔲
OTHER:OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, includit work) SEE RULE 1103.	ing estimated date of starting any proposed
07/28/99 Perforated Queen zone 2306-14, 31-33, 36-	h1 h bolos per ft and
treated with Stim Gun Propellant. Reran	tubing and_rods. put on
production test.	66780
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	Allo S
	RE02 1839 A
	OCD NECEIVED 6
	AUG 1939 OCD - ARTESIA AUG 1939 OCD - ARTESIA
	18°C
	305725
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
1	uperintendent DATE 08/04/99
TYPEORIFIUNT NAME Travis Reed	телечкие к 915-683-6293
(This space for State Use)	
ATROVED BY	anniar - 11 cc
ATROVED BY	DATE 8-11-99