

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

RECEIVED

OCT 19 '90

WELL API NO.
30-015-26444

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B7717

7. Lease Name or Unit Agreement Name

P. J. "A" STATE

8. Well No.
20

9. Pool name or Wildcat
TURKEY TRK, SR, QU, 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 ☒ GAS WELL ☐ OTHER

2. Name of Operator
THE EASTLAND OIL COMPANY

3. Address of Operator
P. O. DRAWER 3488, MIDLAND, TX 79702

4. Well Location
Unit Letter H : 2310 Feet From The NORTH Line and 330 Feet From The EAST Line
Section 2 Township 19S Range 29E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3381' 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: Running 5-1/2" Production Casing ☒

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.

October 9, 1990

Set 2309' of 14# and 779' of 15.5# J55 5-1/2" casing. Cemented at 3096' with 300 sx HL w/12# salt 1/4# flocele, plus 375 sx C w/4# salt .4% HAL 372. Plug down @10:00 PM 10-9-90. Circulate 25 sx excess cement.

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

SIGNATURE Travis Reed TITLE Production Superintendent DATE 10/15/90

TYPE OR PRINT NAME Travis Reed

TELEPHONE NO. 915/683-6293

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILKINS

NOV 6 1990

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: