

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

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, Q, 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, TEXAS 79702

4. Well Location

Unit Letter H : 2310 Feet From The NORTH Line and 330 Feet From The EAST Line

Section 2 Township 19-S 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: PERF. ACIDIZE. FRAC ☒

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 11, 1990: Perforated 2605', 2691', 2693', 2700', 2703', 2711', 2721', 2728' with 2 shots per foot.

October 12, 1990: Acidized perfs w/1000 gal. 15% NEPE acid @3.9 BPM

October 13, 1990: Fractured well w/20,000 gals. gelled water & 40,000 lbs. 20/40 sand down 5-1/2" casing @20 BPM.

October 15, 1990: Start swab testing.

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 10/18/90

TYPE OR PRINT NAME

Travis Reed

TELEPHONE NO. 915/683-6293

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

NOV 6 1990

CONDITIONS OF APPROVAL, IF ANY: