

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

clsr
Op

WELL API NO.
30-015-30846

5. Indicate Type of Lease
STATE ☒ 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
P.J. "A" State

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

8. Well No.
21

2. Name of Operator
The Eastland Oil Company

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

9. Pool name or Wildcat
Turkey Track 7R, Q, GB, SA.

4. Well Location
Unit Letter F : 2310 Feet From The North Line and 2310 Feet From The West Line
Section 1 Township 19-S Range 29-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3400 GR, 3402 DF

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input checked="" type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>Change to 4½" Csg. from 5½"</u> <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

Altering casing size from 5½" to 4½"- 10.5#



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 5/16/00

TYPE OR PRINT NAME: Travis Reed TELEPHONE NO. 915-683-629

(This space for State Use)

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

MAY 23 2000

APPROVED BY Be TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: