

Form 3160-5  
(November 1983)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR... CATE\*  
(Other, instructi... on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

45F

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—" for such proposals.)

1. 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. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
1380' FSL and 990' FEL of Sec 28

RECEIVED BY  
MAR 16 1987  
O. C. D.  
ARTESIA, OFFICE

14. PERMIT NO.  
15. ELEVATIONS (Show whether DF, RT, or ARTESIA)  
3003 GR

5. LEASE DESIGNATION AND SERIAL NO.  
NM-23177

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Laguna Grande Unit

8. FARM OR LEASE NAME  
Laguna Grand Unit (Fed)

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Wildcat - BS

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 28, T23S, R29E

12. COUNTY OR PARISH  
Eddy

13. STATE  
New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Test Well <input checked="" type="checkbox"/>	XX <input type="checkbox"/>		

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Move in test tank flow and test well, 3-10-87  
Perfs open 6701'-6986'.



18. I hereby certify that the foregoing is true and correct  
SIGNED Travis Reed TITLE Prod. Superintendent DATE 3-9-87

(This space for Federal or State office use)  
APPROVED BY Orig. S. J. TITLE \_\_\_\_\_ DATE 3-16-87  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side