

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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verse side) CATE*
on re-

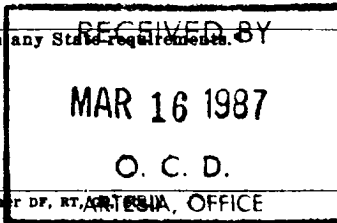
Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME Laguna Grande Unit
2. NAME OF OPERATOR The Eastland Oil Company	8. FARM OR LEASE NAME Laguna Grand Unit (Fed)
3. ADDRESS OF OPERATOR P.O. Drawer 3488, Midland, Texas 79702	9. WELL NO. 1
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	10. FIELD AND POOL, OR WILDCAT Wildcat - BS
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 28, T23S, R29E
15. ELEVATIONS (Show whether DF, RT, or AT) 3003 GR	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"/>		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 <u>Travis Reed</u>	TITLE <u>Prod. Superintendent</u>	DATE <u>3-9-87</u>
(This space for Federal or State office use)		
APPROVED BY <u>Orig. S. J.</u>	TITLE <u></u>	DATE <u>3-16-87</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side