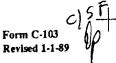
Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department



DISTRICT

OIL CONSERVATION DIVISION

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 200	30-015-22312
DISTRICT II Santa Fe, New Mexico P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE X
DISTRICT III	6. State Oil & Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410	
SUNDRY NOTICES AND REPORTS ON WEI ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PE (FORM C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name
1. Type of Well:  OIL. GAS WELL X WELL OTHER	C. R. Lopez "A"
2. Name of Operator	8. Well No.
The Eastland Oil Company	9. Pool name or Wildcat
3. Address of Operator Drawer 3488, Midland, Texas 79702	Herradura Bend Delaware
4. Well Location	
Unit Letter M: 660 Feet From The South	Line and 990 Feet From The West Line
20 – 11 22C n	ange 28E NMPM Eddy County
Section 29 Township 225 Kg	
3026' GR-3036'	
11. Check Appropriate Box to Indicate	Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT XX
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
	OTHER:
OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, awark) SEE RULE 1103.	nd give pertinent dates, including estimated date of starting any proposed
Using Baber Well Servicing work was begun of A#1 as follows: 1-Ran 2" tubing open-ended to 2500' and spot 2-Tag plug @2065', load hole with 9.6# mud 3-Spotted plug @1500' w/25 sx. pull tubing 4-Pulled tubing, cut off wellhead & csg. 5" 5-Set plug w/10 sx at surface, weld plate of	laden fluid, pull tubing to 1500'.  to 550'. spot plug w/25 sx @550'.  below ground level.  on top of pipe. Plugging complete 6-27-90.
6-Left off marker @ request of farmer & app	proved by O.C.D. representative.
7-District office will be notified when loc	cation is ready for inspection.
	Post ID-2 JUL 27'90 8-3-90
	P+A C.
	ARMON OFFICE
I hereby certify that the information above is true and complete to the best of my knowledge and	Production Superintendent 7-10-90
SIGNATURE ARALLIS K. O.C. TT	Production Superintendent DATE 7-10-90
Travis Reed	TELEPHONE NO. 915/683-629
(This space for State Use)	
	6-27-9/

CONDITIONS OF APPROVAL, IF ANY: