Submit 3 Copies to Appropriate District Office

State of New Mexico Eingy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-8	9/2
Revised 1-1-8	9 🖠

DISTRICTI

OIL CONSERVATION DIVISION

WELL API NO.

P.O. Box 1980, Hoobs, NM 88240	P.O. Box 2088 Santa Fe, New Mexico 87504-2088 5. In		30-015-22441		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of L	ease STATE	FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Le		
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 CITY OF CARLSBAD			
1. Type of Well: OIL GAS WELL X WELL	OTHER	PECEIVED	CHYO	r CARLSBAD	
2. Name of Operator THE EASTLAND OIL COMP	ANY /	77 1 6 1993	8. Well No.		
3. Address of Operator P. O. DRAWER 3488, MI	DLAND, TX 79702	Q. (. D)	9. Pool name or Wild HERRADURA	keat BEND CHERRY	CANYON
4. Well Location Unit Letter K : 2110		Line and	1980 Feet From Th	WEST	Line
Section 29	Township 22-S Ra	205	NMPM	EDDY	County
	10. Elevation (Show whether a 3032 GR		·		
11. Check App	propriate Box to Indicate I	Nature of Notice, R	eport, or Other D	PORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON X	REMEDIAL WORK	AL	TERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. DPL	LUG AND ABANDO	ONMENT 🗌
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB			
OTHER:		OTHER:			
12 Describe Proposed or Completed Operations work) SEE RULE 1103. CASING IN WELL CONSISTS (A) 8-5/8" surface csg. (B) 7" set @ 3266'. Cem (C) 4½" set @3274'. Cem Plugging Procedure as following Plug @3298' w/25 sx (2) Load Hole w/9.6# mud (3) Plug @4071 w/25 sx (4) Plug @4071 w/25 sx (5) Plug @surface w/10 st (6) Set 4" X 4" marker &	OF: @357'. Cemented w/2 mented w/250 sx Class mented w/200 sx light llows: cement & tag. thru 2" tbg. cross top of salt. 20 cross shoe & tag. 30	250 sx circulate 5 C. 5 G 50 sx Class 5 90-2450 50 -460	d.	Open Hole	3274-98'
I hereby certify that the information above is true and	complete to the best of my knowledge and	l belief.	gging		
SIGNATURE TRANSPORT	•	Production Su	perintendent	DATE10/13	3/93
TYPE OR PRINT NAME TRAVIS REED				TELEPHONE NO. 9	15/683-62
(This space for State Use)					

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