

clsf
Op

DISTRICT I
P.O. Box 1950, 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

WELL API NO.
50-015-22508
5. Indicate Type of Lease
STATE ☐ FEDERAL ☒
6. State Oil & Gas Lease No.

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.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator
The Eastland Oil Company
3. Address of Operator
P.O. Box 3488 Midland, Texas 79702

7. Lease Name or Unit Agreement Name
Harroun "A"
8. Well No.
2
9. Pool name or Wildcat
Herradura Bend Delaware

4. Well Location
Unit Letter A : 330 Feet From The North Line and 976 Feet From The East Line
Section 32 Township 22-S Range 28-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3012 'GR - 3013 OF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐
SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

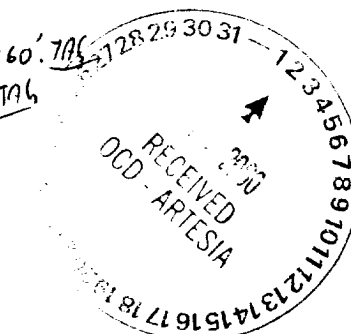
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Casing in well consist of:

- (A) 8 5/8" Surface csg. 358' - cemented w/250 sx class C w/2% CACL, circulated
(B) 4 1/2" set @ 2465' cemented W/300 sx lite & 200 sx class C Poz. circulated.

Plugging Procedure:

1. Plug @ 2476 TD W/25 sx. & tag.
2. Load hole with 9.6 # mud thru 2" tbg.
3. Plug 25 sx across base of salt @ 2165. * 25 sx cement Plug 1460' - 1360' TAG
4. Plug 25 sx across 8 5/8" csg. shoe and tag. 300-400 410' 310' TAG
5. Plug 10 sx surface
6. Set 4" x 4" marker



* Notify NMOC to witness Plugging Operations

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 5/31/00
TYPE OR PRINT NAME: Travis Reed TELEPHONE NO. 915-683-629

(This space for State Use)

APPROVED BY: Mark S. [Signature] TITLE Field Rep II DATE 6/5/2000
CONDITIONS OF APPROVAL, IF ANY: