

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions  
reverse side)

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re

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-59383

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Carthel Fed

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

North Laguna Salado-Atoka Gas

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec 4, T23S, R29E, NMPM

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

The Eastland Oil Company

3. ADDRESS OF OPERATOR

P.O. Drawer 3488, Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

2030' FNL and 2080' FEL Unit G, SW/4NE/4

14. PERMIT NO.

30-015-23389

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3003' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐  
☐

PULL OR ALTER CASING

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☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

XX

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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☐  
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(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.)\*

Halliburton Services treated well w/10,000 gals SGA 15% acid and 270,000 SCF N2 @ 4.9 BPM, Max PSI 7980, Avg 7200 PSI, 11-25-86. Flowed back to clean up and turned back in pipeline at 7:00 p.m. 11-27-86.

ACCEPTED FOR RECORD

DEC 09 1986

CARISBAD, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED

*Travis Reed*  
Travis Reed

TITLE Production Supt.

DATE 12-1-86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side