

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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

d5f

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"/>	<b>RECEIVED BY</b> <b>JUN 11 1987</b> <b>O. C. D.</b> <b>ARTESIA, OFFICE</b>	5. LEASE DESIGNATION AND SERIAL NO NM-19842-"A"
2. NAME OF OPERATOR The Eastland Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Drawer 3488, Midland, Texas 79702		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. See also space 17 below.) At surface 1650' FSL and 1730' FEL		8. FARM OR LEASE NAME Federal "A"
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3062' GL - 3071' KB	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Herradura Bend (Cherry Canyon)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 28, T-22-S, R-28-E NMPM
		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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)\*

On May 19, 1987 moved in and rig up Chase Well Service, pulled rods and tubing. Set 4½" Halliburton E-Z drill CIBP @ 3650' w/35' cement on top. PBTD 3615'. Perforated Delaware zone 2595'-2599' w/2 shots per ft. - 10 holes. Ran 2-3/8" tubing, circulate hole w/2% KCL and spot 200 gals. 15% acid across perfs. Treated down tubing w/1000 gals Gel water pad and 1500 gal Gel water and 2300 lbs 20/40 sand @ 3.9 bbls min. with avg. press of 1810 lbs and ISD 1040 psi. 5-21-87 ran pump and rods and put on production.

ACCEPTED FOR RECORD

SJS  
JUN 5 1987

CARLSBAD, NEW MEXICO



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

SIGNED Travis Reed TITLE Production Superintendent DATE 5-27-87  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side