

UNITED STATES

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

RECEIVED BY DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ARTESIA, NM 88210
APR 21 1986
DRY 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. ARTESIA, OFFICE WELL <input type="checkbox"/> WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-15302	
2. NAME OF OPERATOR The Eastland Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2267 P.O. Drawer 3488, Midland, Texas 79702		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FNL & 660' FEL of Section (Unit H) (SE/4NE/4)		8. FARM OR LEASE NAME Gulf Federal	
14. PERMIT NO. API#3001525312		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2925.5' GL 2944.5 KB		10. FIELD AND POOL, OR WILDCAT Wildcat - Perm	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec5, T25S, R29E	
		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"/>	

SUBSEQUENT REPORT OF:

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

Operations assumed from Hamon Operating Company on 12-6-85 by filing Designation of Operator from Gulf Oil Corp. to The Eastland Oil Company.

Initiated completion operations on Dec 22, 1985 by loading 2-7/8" csg. w/12#/gal mud and setting a CIBP on wire line in casing @ 12,370'. Tested plug for 30 min w/no pressure loss. Attempted to run wire line tools in 2-7/8" csg and found collapsed joint. Cut off csg @ 8870' above top of cement and milled on csg to 8892'. Unable to get inside 2-7/8" csg or mill further on outside. Abandoned workover operations on January 27, 1986.

HNG Oil Company, P.O.Box 2267, Midland, Texas 79702 assumed operations 3-21-86.

ACCEPTED FOR RECORD

McD
APR 18 1986

CARLEAD, NE. CO

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

SIGNED George D. Neal TITLE Vice Pres-ProductionDATE 4-11-86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

Post IP-3
4-25-86
Chg Op Name

