

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

Energy, Minerals and Natural Resources
NM OIL CONSERVATION
ARTESIA DISTRICT
OIL CONSERVATION DIVISION
MAR 20 2017
1220 South St. Francis Dr.
Santa Fe, NM 87505
RECEIVED

Revised July 18, 2013

| | | |
|---|--|---|
| 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.) | | WELL API NO. 30-015-22679 |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator The Eastland Oil Company | | 6. State Oil & Gas Lease No. L-6867-3 |
| 3. Address of Operator P. O. Box 3488 Midland, TX 79702 | | 7. Lease Name or Unit Agreement Name State 32 |
| 4. Well Location Unit Letter _____ L _____ : _____ 2160 _____ feet from the _____ South _____ line and _____ 330 _____ feet from the West _____ line Section 32 Township 22S Range 28E NMPM County Eddy | | 8. Well Number 1 |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3065' GR- 3066DF | | 9. OGRID Number 022767 |
| | | 10. Pool name or Wildcat Herradura Bend Delaware |

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|--|--|--|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input checked="" type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | P AND A <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> | |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | | | |
| CLOSED-LOOP SYSTEM <input type="checkbox"/> | | | |
| OTHER: <input type="checkbox"/> | | OTHER: <input type="checkbox"/> | |

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

8 5/8" surface casing. Set @379'-Cmt.circ.-4 1/2" csg. set @ 2512'-cmt.circ. Perfs: 2469'-2479'

Spot 15 sk plug @ 2469'-2255' - tag-load w/mud laden fluid

Spot 10 sk plug @ ~~2155~~ base of salt

~~Spot 10 sk plug @ 429 to 329~~ across bottom of 8 5/8" csg.

Spot: ~~5 SK~~ ~~149~~ @ surface.

Cut off head & anchors, set dry hole marker.

Clean location for inspection.

NUMEROUS ATTEMPTS WERE MADE TO CONTACT OPERATOR BY PHONE AND E-MAIL

NO WELL BORE DIAGRAM - BEFORE PLUGGING AND AFTER

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief

SIGNATURE

Travis Reed

TITLE

Operations Manager

DATE

3-17-17

Type or print name

Travis Reed

E-mail address:

PHONE

432-687-6293

For State Use Only

DENIED

APPROVED BY:

TITLE

DATE

3/29/2017

Conditions of Approval (if any):