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02132	CIST
Submit 3 Copies To Appropriate Disp2021324 State of New Mexico Office District I	Form C-103
	Revised March 25, 1999 WELL API NO.
1625 N. French Dr., Hobbs, 188240 District II 811 South First, Artesia, NM 1210 District III District III Dis	<u>30-005-61286</u> 5. Indicate Type of Lease
St1 South First, Artesia, NM #210 District III 1000 Rio Brazos Rd., Aztec. VS 8741 OCD - ARTESIA1220 South St. Francis Dr. Santa Fe, NM 87504 Santa Fe, NM 87504	STATE X FEE
District IV Santa Fe, INM 87504 1220 S. St. Francis Dr., Santa Fe, SM 87504	6. State Oil & Gas Lease No.
SUNDRY NOT SEES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS FO DRILL OR TO DEEPEN OR PLUG BACK TO A	L6773 7. Lease Name or Unit Agreement Name:
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.) 1. Type of Well:	Eastland State
Oil Well Gas Well X Other	8. Well No.
The Eastland Oil Company /	2
3. Address of Operator P. O. Box 3488 Midland, TX 79702	9. Pool name or Wildcat Foor Ranch Wolfcamp
4. Well Location	
Unit Letter K 1980 fect from the South line and 1	.980feet from theVestline
Section 13 Township 9-S Range 26E	NMPM County Chaves
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3836 KB	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
NOTICE OF INTENTION TO: SU PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
PULL OR ALTER CASING MULTIPLE CASING TEST	
OTHER: Squeeze off W.C. Perfs: X 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. For Multiple Completions: Attach wellbore diagram of proposed completion	
or recompilation.	
Propose to move in pulling unit & cementing Equipment and squeeze Wolfcamp perforations 5282'-5294'. Zone watered out.	
Work to start approximately November 5, 2002. Well Still producing in Pre Permian Lower Zone.	
weit still producing in rie reimian Lower Zone.	
	*
I hereby certify that the information above is true and complete to the best of my know	ledge and helief
SIGNATURE Aurilia Led TITLE_Agent	-
ξ -	
Type or print name Travis Reed	Telephone No.915.683.6293
(This space the state use ORIGINAL SIGNED BY TIM W. GUN	
APPPROVED IN DISTRICT II SUPERVISOR	DATE
Conditions of approval, it any: BCPE reguined	