(Continued on want mana)

## **UNITED STATES** Oil Cons.

FORM APPROVED OMB No. 1004-0135 Expires: January 31, 2004

DEPARTMENT OF THE INTERIOR N.M. DIV-DIST. 2

BUREAU OF LAND MANAGEMENTS ON WELLS

SUNDRY NOTICES AND REPORTS ON WELLS

OF USE this form for proposals to drill or to the state of the state

abandoned well. Use Form 3160-3 (APD) for such proposals.						6. If Indian, Allottee or Tribe Name		
SUBMITINTR	IPD(ATE = Citier instru	etions on i	everse sid	9	7. If Unit or	CA/Agr	eement, Name and/or No.	
1. Type of Well  Oil Well  Gas Well  2. Name of Operator J. Cleo Thompson  3a. Address  P.O. Box 237 Loco Hills, NM 88  4. Location of Well (Footage, Sec.,  Unit Letter J of Sec. 4, T17S, R 3	3b. Phone No. (include area code) (505) 677-2396 RECEIVED 0000 - ARTESIA			West Square Lake Unit #73884U4270  8. Well Name and No. Tract 9 Well 13  9. API Well No. 30-015-04081  10. Field and Pool, or Exploratory Area Grayburg San Andreas  11. County or Parish, State				
			(c.5)	1505 80	Eddy, NM			
TYPE OF SUBMISSION	PROPRIATE BOX(ES) TO	INDICATE		FNOTICE, RI FACTION	EPORT, OR	OTHE	ER DATA	
Attach the Bond under which the following completion of the investment	ctionally or recomplete horizontally are work will be performed or provided operations. If the operation ral Abandonment Notices shall be for final inspection.)  all collars. G.I.H. tag up @ 2765  CKR. G.I.H. w/65 jts. 4 1/2 csg.  D. pump 325 sx cmt. Circulate to T.D. Circulate hole clean. C.	y, give subsurfa ide the Bond N results in a mul- filed only after 5' C.O. to T.D PKR set @ 2 to surface 80 s	truction  thandon  luding estimated the locations and to on file with he tiple completion all requirement  (3150') Circu 743'.	I measured and true BLM/BIA. Require to or recompletion is ts, including reclan  alate hole clean. C	ny proposed we vertical depthed subsequent a new intervanation, have b	ork and a so of all process al, a Formeen comp	approximate duration thereo ertinent markers and zones. hall be filed within 30 days in 3160-4 shall be filed once pleted, and the operator has ECO	
14. I hereby certify that the foregoin Name (PrintedlTyped)  Amador Pando Jr.	ng is true and correct		Title Produc	tion Foreman				
Signature Ah fals	11.		Pale 2/08/02					
	THIS SPACE FO		in of the oral	agentalist (US):				
Approved by (Signature)	₩C	CGA	Name (Printed/I	Syped)		Title		
Conditions of approval, if any, are attached. Approval of this notice does not we certify that the applicant holds legal or equitable title to those rights in the subjective which would entitle the applicant to conduct operations thereon.			or Office				Date	

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.