

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN T
(Other Instruc. A OR RE-
verse side)

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

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"/>	RECEIVED JUL - 19 1992 O. C. D. ARTERIA OFFICE	5. LEASE DESIGNATION AND SERIAL NO. N.M. 02425
2. NAME OF OPERATOR J. Cleo Thompson		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 237 Loco Hills, N.M. 88255		7. UNIT AGREEMENT NAME West Square Lake Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660 F S L 1980 F W L of Sec. 33		8. FARM OR LEASE NAME Tract 2
		9. WELL NO. 6
		10. FIELD AND POOL, OR WILDCAT
		11. SEC. T. R. S. & BLK. AND SURVEY OR AREA Gaba San Andres N-33-165-30 E
14. PERMIT NO. N/A	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3727 GLM	12. COUNTY OR PARISH Eddy
		13. STATE N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <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.)*

We request Permission to leave well under T.A. Status.
Well records indicate that well was T.A. because of economic reasons and not mechanical failure.
Therefore we will probably put back on production in the near future.
(If down hole equipment is found to be good)

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

SIGNED <u>Amador Bardo Jr.</u>	TITLE <u>Production Foreman</u>	DATE <u>7-14-89</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side