

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

45F

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 ☐ GAS WELL ☒ OTHER XX W.I. W.	RECEIVED SEP - 1 1993	3. LEASE DESIGNATION AND SERIAL NO. NM-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, New Mexico 88255		7. UNIT APPROPRIATE 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 FSL 1980 FWL of Sec. 33		8. FARM OR LEASE NAME Tract 2
14. PERMIT NO. N/A	15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3727 GLM	9. WELL NO. 6
		10. FIELD AND POOL, OR WILDCAT GyBg San Andreas
		11. SEC., T., R., W., OR BLK. AND SURVEY OR AREA N-33-16s r30 e
		12. COUNTY OR PARISH EDDY
		13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

REPAIR OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZING

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. (This space is for the operator to provide 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 continue well on T.A. status.

Well has tubing and rods in hole, We plan on pulling tubing and rods out of hole and testing csg. as per B.L.M. requirements. Then put back on production.

Work should begin within 10 months.

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

RECEIVED
AUG 17 2 29 PM '93
CARPENTERS
AREA

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side