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Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
O. C. D.
ARTESIA, OFFICE

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☐ other Injection Well

2. NAME OF OPERATOR

J. Cleo Thompson

3. ADDRESS OF OPERATOR

P.O. Box 6445 Odessa, Texas 79767

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE:

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH: 2942'

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☒

(other)

Plug & Abandon-

5. LEASE

LC 047200

6. INDIAN, ALLOTTEE OR TRIBE NAME

NM 02425

7. UNIT AGREEMENT NAME

West Square Lake Unit

8. FARM OR LEASE NAME

Tract 2

9. WELL NO.

10

10. FIELD OR WILDCAT NAME

Square Lake - G-3A

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 33 T16S R30E

12. COUNTY OR PARISH

13. STATE

EDDY

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3744 GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)

- (1) C.I.B.P. @ 2700' w/ 50' cmt on top.
- (2) Perf. @ 2210' Set R.P. @ 2000' Pump 50 sx. cmt. leave 200' of cmt. over perfs. (Queens & Seven Rivers)
- (3) Perf @ 1205' set R.P. 1000' pump 50 sx. cmt. leave 100' over perfs. (Base Of Salt)
- (4) Perf. @ 500' (50' above salt) Circulate cmt. to surface and leave 5 1/2 csg. full.
- (5) Cut csg. 3' below ground level. Set surface marker.

(R.P. stands for retrievable packer.)

Johnson 101 S

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED

Howard R. R.

TITLE

Production Foreman

DATE

3-19-87

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

In Record Only

Mike:

Here is a copy of the
Sundry Notices on the
Tract 2 well 10. Since
Plan A went belly up we
are going to use plan
B. Call if you have any
questions. Thank you!

Amador Pando

FIELD.	West Square Lake	OPERATOR	J. Cleo Thompson	DATE	3-19-87
LEASE	Tract 2	WELL No	10	LOCATION	SENE Sec. 33 T16s R-30E

