

RECEIVED

CJSF

NM OIL CON. COMMISSION
 Drawn ID
 Artesia, NM 80210

NOV 30 '89

Form 9-331
 Dec. 1973

C. C. D.
 ARTESIA, NM Approved.
 Budget Bureau No. 42-R1424

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 GEOLOGICAL SURVEY

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 W.I.W. S.I.
2. NAME OF OPERATOR
J. Cleo Thompson
3. ADDRESS OF OPERATOR
P.O. Box 237 Loco Hills N.M. 88255
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
 AT SURFACE: 1980 6sl. & 1980 6sl of sec.
 AT TOP PROD. INTERVAL: FWL
 AT TOTAL DEPTH: Top perf. @2918'
3146'
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: | SUBSEQUENT REPORT OF: |
|---|--------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (other) <u>Plug and Abandon</u> | |

5. LEASE
N.M. 02427
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
West Square Lake Unit
8. FARM OR LEASE NAME
Tract 13
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Square Lake
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
J-sec. 34-T16SR30e
12. COUNTY OR PARISH
EDDY
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3740' G.L.

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

RECEIVED

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. Set C.I.B.P. @ 2820' w/ 36' cmt. on top. Top of liner @ 2855' circulate mud and squeeze hole @ 1959' and tag plug.
 (B.O.S.) 2. Perf. @1257' and spot 25 sx. plug across perfs. And tag plug.
 (T.O.S.) 3. Perf. @ 450' and spot 50 sx. plug across perfs. and tag plug.
 4. Squeeze hole @ 170' w/ 25 sx.
 5. Cut csg. 3' below ground level and set surface marker.

xxxxxxx Verbal approval given by Shannon Shaw xxxxxxxx

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

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

SIGNED Amador P. P. TITLE Production Foreman DATE 10-23-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE PERF. FOREMAN DATE 11/27/89
 CONDITIONS OF APPROVAL, IF ANY: