

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on reverse side)

Form approved. *CSF*  
Budget Bureau No. 1004-  
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.)

**RECEIVED**  
SEP - 1 1993  
**O.C.D.**

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR: J. Cleo Thompson

3. ADDRESS OF OPERATOR: Box 237 Loco Hills N.M. 88255

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
660 FSL & 1980 FEL of sec. 34

5. LEASE DESIGNATION AND SERIAL NO.: N.M. 02427

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME: West Square Lake

8. FARM OR LEASE NAME: 738844270 Tract 13

9. WELL NO.: 4

10. FIELD AND POOL, OR WILDCAT: Grbg San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 0-34-16 S-30 E

12. COUNTY OR PARISH: Eddy 13. STATE: N.M.

14. PERMIT NO.: N/A 15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3744' GLM

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) T.A. status

(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 a 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 in T.A. status. For observation of the possibility of water injection in the future.  
5 1/2 Csg. set @ 2828'  
C.I.B.P. set @ 2818' W/30' Cmt. on top  
Csg. was tested to 350 Lbs. on 3-16-88.  
Hole was then circulated with inhibited fluid, and capped off.  
Witnessed by Mike Williams O.C.D. 3-16-88

SEE ATTACHED FOR  
CONDITIONS OF APPROVAL

**RECEIVED**  
AUG 17 2 23 PM '93  
GARDNER  
AREA

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

SIGNED [Signature] TITLE Production Foreman DATE 8-12-93

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE PETROLEUM ENGINEER DATE AUG 31 1993

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side