

C/SF

Form 9-331
Dec. 1973

RECEIVED BY
JUN 02 1986
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
O. C. D.
ARTESIA, OFFICE

Form Approved.
Budget Bureau No. 42-R1424

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 ☐ gas ☐ 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: 660' FNL1980' FELof Sec. 34
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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
NM 02427
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
West Square Lake Unit
8. FARM OR LEASE NAME
Tract 14 E-2-E
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
Square Lake - G-SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 34 T16S R30E
12. COUNTY OR PARISH
EDDY
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3740

(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. @2750' w/35' cmt on top.
- (2) Perf. @ 2225' Set R.P. @ 2000' Pump 50 sx. cmt. leave 200' of cmt. over perfs. (Queens & Seven Rivers)
- (3) Perf @ 1200' set R.P. 1000' pump 50 sx. cmt. leave 100' over perfs. (Base Of Salt)
- (4) Perf. @ 450' (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 Amador P. R. TITLE Production Foreman DATE 5-14-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 5-27-86

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval

