

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 ☒ Injection (Presently shut in)

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 and in accordance with any state regulations. See also space 17 below.)
At surface
1980 FSL & 1980 FWL of Sec. 34

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3740' G.L.

RECEIVED BY
JUN 02 1986
O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO
NM 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.
4

10. FIELD AND POOL, OR WILDCAT
Square Lake

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 34 T16s R30e

12. COUNTY OR PARISH
EDDY

13. STATE
NM

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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Reinstatement for injection

(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 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 propose to clean well to T.D. @3128' and run 4½ tension pkr. to 2900' and test csg. as required by State oil Commission.
If csg. test is passed we would like to reinstate well for injection.
We will set pkr. @ 2900' and proceed with the injection of water.
85/8 csg. @ 512' w/50 sx. cmt.
5½ csg. @ 2932' w/100 sx. of cmt.
4½ csg. @2855' to 3128' w/50 sx. cmt.
Perfs. from 2918' to 3111'

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

SIGNED Imadorado TITLE Production Foreman DATE 5-23-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 5-27-86

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side

