RECEIVED BY Form Approved. Form 9-331 Budget Bureau No. 42-R1424 Dec. 1973 APR 20 1987 UNITED STATE LEASE NTERIORO, C. D. DEPARTMENT OF THE IF INDIAN, ALLOTTEE OR TRIBE NAME GEOLOGICAL SURTEY RTESIA, OFFICE 7. UNIT AGREEMENT NAME SUNDRY NOTICES AND REPORTS ON WELLS West Square Lake Unit (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.) 8. FARM OR LEASE NAME Tract 15 well other Injection Well well 9. WELL NO. 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME _Cleo_Thompson 3. ADDRESS OF OPERATOR Square Lake G-SA P.O. Box 6445 Odessa, Texas 79767 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec. 34 T165 R30E AT SURFACE: 1980 FWL 1980 FNL of Sec. 34 TILS R-308 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: 2900 EDDY NM AT TOTAL DEPTH: 3086 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) GLSUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT П SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly fate 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/35' cmt on top. (2) Perf.@ 2250' Set R.P. @ 2000' Pump 50 sx. cmt. leave 100' of comt. over perfs. (Queens& Seven Rivers) (3) Perf @ 1230 set R.P.1000 pump 50 sx. cmt. leave 100' over perfs. (Base Of Salt) (4) Perf. @ 465 (50° above salt) Circulate cmt. to surface and leave 5½ csg. full. (5) Cut csg. 3' below ground level. Set surface marker. (R.P. stands for retreivable packer.) Johnson 101 S Subsurface Safety Valve: Manu. and Type ... Set @ . 18. I hereby certify that the foregoing is true and correct, ACCEPTED FOR RECORD (This space for Federal or State office use) APPROVED BY TITLE DATE CONDITIONS OF APPROVAL, IF ANY:

CARLSBAD, NEW MICO