

(November 1983)
(Formerly 9-331)

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

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 ☐		2. NAME OF OPERATOR J. Cleo Thompson		3. ADDRESS OF OPERATOR P.O. Box 6445, Odessa, Tx. 79767		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		5. LEASE DESIGNATION AND SERIAL NO. LC-063926		6. INDIAN, ALLOTTEE OR TRIBE NAME	
12. PERMIT NO.		13. ELEVATIONS (Show whether OF, AT, OR, etc.) 3779'		14. COUNTY OR PARISH Eddy		15. STATE N.M.		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME West Square Lake Unit	
9. WELL NO.		10. FIELD AND POOL, OR WILDCAT Square Lake		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 35, T16S, R30E		12. COUNTY OR PARISH Eddy		13. STATE N.M.		14. FIELD AND POOL, OR WILDCAT Square Lake	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT ON:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACURE TREAT	☐	FRACURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☒	(Other)	☐
REPAIR WELL	☐	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	☐

17. DEPTH AND 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 perforated in this work.) *

It is proposed to Clean out shot hole to total depth & put back on pump for production.



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

SIGNED <i>Jackie Chandler</i>	TITLE Agent	DATE 10-11-85
(This space for Federal or State office use)		
APPROVED BY <i>Don Wood</i>	TITLE <i>Adm</i>	DATE 10-17-85
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side