

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other inst. on reverse side)

Form approved.
Budget Bureau No. 1004-0135
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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-063926

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

West Square Lake Unit

8. FARM OR LEASE NAME

Tract 5

9. WELL NO.

8

10. FIELD AND POOL OR WILDCAT

GVBC San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

F-35-16 S R 30 E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

J. Cleo Thompson

3. ADDRESS OF OPERATOR

P.O. 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

1980' FNL 1980' FWL of Sec. 35

RECEIVED

AUG 07 '89

O.C.D.
ALBUQUERQUE OFFICE

14. PERMIT NO.

N/A

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3779' GLM.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

T.A.

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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 request permission to keep well under T.A. Status.
Csg. was tested to 500 Lbs. on 5-1989.
Johnny Robinson W/O.C.D. was there to witness the test.
We will evaluate this well for the next year, to determine
if we will reinstate on P.8 A.

RECEIVED

APPROVED FOR 12 MONTH PERIOD
ENDING 8/1/90

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

SIGNED

Amos P. 721

TITLE Production Foreman

DATE 7-14-89

(This space for Federal or State office use)

APPROVED BY

Shannon Graw

FOR:
TITLE

DATE 8-4-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side