

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT 1
(Other ins.
verse side)

RIPLICATE
tions on re

Form approved.
Budget Bureau No. 1004-013
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.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ W.I.W.
2. NAME OF OPERATOR J. Cleo Thompson
3. ADDRESS OF OPERATOR 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
660FNL & 660FWL of sec. 35
14. PERMIT NO. N/A 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3775' G.L.M.

RECEIVED

JUL -14- 1992

O. C. D.
ADVERSE OFFICE

5. LEASE DESIGNATION AND SERIAL NO. L.C. 029431
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. 14
10. FIELD AND POOL, OR WILDCAT GVBG, San Andres
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA D-35-16s-R30e
12. COUNTY OR PARISH EDDY 13. STATE N.M.

18. 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

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

(Other) T.A.

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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 request permission to leave well under T.A. Status.
And hold untill a water flood is organized. (Well will be Made an inf
The Csg. was tested on 5-1-89 to 300#..
Johnny Robinson w/ O.C.D. witnessed the test.

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

SIGNED

Amah Lab

TITLE Production Foreman

DATE 7-14-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side