

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRII  
(Other instruction  
verse side)

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Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

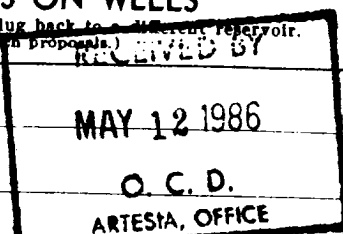
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER WIW

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 requirements.\*  
See also space 17 below.)  
At surface  
2080' FSL & 660' FWL of Sec 34



5. LEASE DESIGNATION AND SERIAL NO. C/SF  
NM 02427

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
west square lake unit

8. FARM OR LEASE NAME  
Tract 15 Leonard

9. WELL NO.  
10

10. FIELD AND POOL, OR WILDCAT  
Square Lake

11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 34- 16s R30e

12. COUNTY OR PARISH  
Eddy

13. STATE  
NM

14. PERMIT NO.

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)		Plug & Abandon	

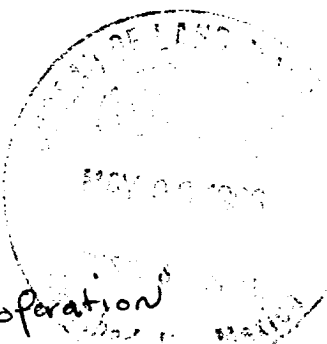
SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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.)\*

- (1) CIBP @ 2900' w/35' cmt on top.
- (2) Perf. @ 2225' Set CR at 2200. Pump 50 sx cmt. (Queens and Seven Rive
- (3) Perf. 1240' set CR @ 1220' pump 25 sx. cmt. Set 100' cmt. on top of CR. (base of salt)
- (4) Perf. at 420' (50' above salt.) Pump down 4½ csg circulate to surface. Leave 4½' full.
- (5) Cut csg. 3' below ground. Set surface marker.



Johnny Robinson was on hand during operation  
(State)

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

SIGNED Ernest Pinnell  
(This space for Federal or State office use)

Production Forman  
TITLE Production Mgr.

DATE 5-2-86

APPROVED BY Origl Sgd: Charles  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 5-7-86

\*See Instructions on Reverse Side