	RECEIVED BY	
Form 9-331	KECLIVED D.	Farm Approved.
Dec. 1973	UNITED STATES MAY -1 1987	Budget Bureau No. 42-R1424  5 LEASE
DE	PARTMENT OF THE INTERIOR	LC. 01.0325
	GEOLOGICAL SURVEY	6 IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY N	OTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
-	for proposals to drill or to deepen or plug back to a different 331-C for such proposals.)	West Square Lake Unit  8. FARM OR LEASE NAME
	as Other Injection Well	Tract 9  9. WELL NO.
2. NAME OF OPE		9. WELL NO. 8
JC1e	o Thompson	10. FIELD OR WILDCAT NAME
3. ADDRESS OF	OPERATOR *	Square Lake GB. SA.
	Box 6445 Odessa, Texas 79767	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.)	WELL (REPORT LOCATION CLEARLY. See space 17	1 - 44 -
AT SURFACE:	1980 FNL 1980 FWL of Sec. 4	12. COUNTY OR PARISH 13. STATE
	D. INTERVAL: 2920	EDDY NM
AT TOTAL DES		14. API NO.
	OPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR	UTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR AP	PROVAL TO: SUBSEQUENT REPORT OF:	3720
TEST WATER SHU FRACTURE TREAT SHOOT OR ACIDIZ REPAIR WELL PULL OR ALTER ( MULTIPLE COMPL CHANGE ZONES ABANDON*	CASING CA	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
(other <u>)</u>	Plug & Abandoo	Homoto for Gradution from
including estir	OPOSED OR COMPLETED OPERATIONS (Clearly statement date of starting any proposed work. If well is continuous vertical depths for all markers and zones pertine.	directionally drilled give subsurface locations and
(1) C.	I.B.P. @ 2700 w/ 30 cmt on to	n
(2) Pe	erf.@ 2175' Set R.P. @ 176 ' P	
(2) Perf.@ 205' Set R.P. @ 1750' Pump 50 sx. cmt. leave 200' of cmt. over perfs. (Queens& Seven Rivers)		
(3) Pe	rf @ 1170' set R.P. 900' pum	p 50 sx. cmt. leave 100'
Over b	errs. (base or salt)	
(4) Pe	rf. $0 \mu 67'(50')$ above salt) C ave $5\frac{1}{5}$ csg. full.	irculate cmt. to surface
4114 1e (5) c	dve ja CSg. Iuli.	
(3) 64	t csg. 3' below ground level.	Set surface marker.
(R.P.	stands for retreivable packer	.)
Joh	nson 101 S	
Subsurface Safety \	Valve: Manu. and Type	Set @ Ft.
18. I hereby certify	that the foregoing is true and correct	THMANDATE 4-1-87
	(This space for Federal or State off	lice use)
APPROVED BY <u>L</u>	all action of TIPLE CARLESAU RESOUR	ICE ARE! DATE 42887
CONDITIONS OF APP	ROVAL, IF ANY:	0 1 -

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Post ID-2 5-8-87 P+A



