

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

L.C. 060325

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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
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 FSL & 1980FEL of sec. 4
O. C. D.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME
West Square Lake Unit
8. FARM OR LEASE NAME
Tract 9

9. WELL NO.
13

10. FIELD AND POOL OR WILDCAT

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

12. COUNTY OR PARISH
EDDY

13. STATE
N.M.

14. PERMIT NO.
N/A

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3715' G.L.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

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.
Well records indicate that on 5-23-78 rods were pulled
out of well and laid down. It also shows that they tried
to pull tubing but it was stuck so they T.A. the well
due to economic reasons.
We plan to repair or plug well as per State and B.L.M.
requirements. No specific time or date can be given
as to when the work will begin. But it is on our list
of priorities.

APPROVED FOR 12 MONTH PERIOD
ENDING 8/1/90

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

SIGNED

TITLE Production Foreman

DATE 7-14-89

(This space for Federal or State office use)

APPROVED BY

FOR: TITLE

DATE 8-4-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side