

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-1
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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR <u>J. Cleo Thompson</u>	3. ADDRESS OF OPERATOR <u>Box 237, Loco Hills N.M., 88255</u>	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1980 FSL & 1980FEL of sec. 4</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>L.C. 060326</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME <u>West Square Lake Unit</u>	8. FARM OR LEASE NAME <u>Tract 9</u>	9. WELL NO. <u>13</u>	10. FIELD AND POOL OR WILDCAT <u>Gybg Sanandres</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>J-4-17s R-30e</u>	12. COUNTY OR PARISH <u>EDDY</u>	13. STATE <u>N.M.</u>
14. PERMIT NO. <u>N/A</u>	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3715' G.L.M.</u>											

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other) <u>T.A.</u>		(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.) *

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.

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

SIGNED Amador Paul R. TITLE Production Foreman DATE 7-14-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side