

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN 1 PLICATE*
(Other instructions on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO
LC 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 ☒ W.I.W.
2. NAME OF OPERATOR **J. Cleo Thompson**
3. ADDRESS OF OPERATOR **P.O. Box 237 Loco Hills New Mexico 88255**
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface **1980 FSL 1980 FEL of Sec. 4**

7. UNIT AGREEMENT NAME
938844270
West Square Lake Unit
8. FARM OR LEASE NAME
Tract 9
9. WELL NO.
13
10. FIELD AND POOL, OR WILDCAT
GyBg San Andreas
11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
J-4-17s 30e

14. PERMIT NO **N/A** 15. ELEVATIONS (Show whether OF, RT, CR, etc.) **3715 GLM**
12. COUNTY OR PARISH **EDDY** 13. STATE **NM**

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	Other ☐	

Notes: Report results of multiple completion on Well Completion or Recompletion Report and Log form.

17. ANTI-DRIFT PROVISIONS (If well is directionally drilled, give subsurface locations and the start and true vertical depths for all markers and zones pertinent to this work.)

We request permission to continue well under T.A. status.

Well records indicate that on 5-23-78 rods were pulled out of well and laid down.

It also states that they tried to pull tubing, But were unable. (Tubing stuck)

Our plans are to repair well and put back on injection.

We will notify B.L.M. when work begins.

RECEIVED
AUG 11 2 30 PM '93
CARL AREA

CONDITION OF APPROVAL

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

SIGNED **David P. Hays**

TITLE **Production Foreman WSLC**

DATE **8-12-93**

(This space for Federal or State office use)

APPROVED BY **David P. Hays**

TITLE

PETROLEUM ENGINEER

DATE **AUG 31 1993**

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side