

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse side)

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME <u>West Square Lake Unit</u>
2. NAME OF OPERATOR <u>I. Cleo Thompson</u>	8. FARM OR LEASE NAME <u>Tract 11</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 237 Loco Hills, N.M. 88255</u>	9. WELL NO. <u>16</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>660 FSL 660 FEL of Sec. 4 O. C. D. ARTESIA, OFFICE</u>	10. FIELD AND POOL OR WILDCAT <u>63 LAKE GVBG San Andres</u>
14. PERMIT NO. <u>N/A</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>P-4-17 S R 30 E</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3704</u>	12. COUNTY OR PARISH <u>Eddy</u>
	13. STATE <u>N.M.</u>

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <u>T.A.</u>		(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 continue well on a T.A. Status, until our Waterflood is organized. Probably within the next 2 years. However we will test the Csg. as per State and BLM requirements in the near future.

APPROVED FOR ¹² MONTH PERIOD
ENDING 8/1/90

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

SIGNED Amey Paul R.

TITLE Production Foreman

DATE 7-14-89

(This space for Federal or State office use)

APPROVED BY Shannon J. Shaw

FOR:
TITLE

DATE 8-4-89

*See Instructions on Reverse Side