

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR. ICATE*
(Other instructions on re-
verse side)

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

45F

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

5. LEASE DESIGNATION AND SERIAL NO.

LC060325

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

7388944270

8. FARM OR LEASE NAME

West Square Lake Unit

9. WELL NO.

Tract 11

10. FIELD AND POOL, OR WILDCAT

16

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

GuBq SAN Andreas

12. COUNTY OR PARISH

EDDY

13. STATE

NM

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ WTW

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

660 FSL 660 FEL of Sec. 4

14. PERMIT NO.

N/A

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3704' GL

16. 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 COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

(Other) T.A. status

(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 under T.A. status.

The well currently has rods and tubing in hole and a pumping unit on it.

Well was shut in due to a collapsed liner down hole. our plans are to repair or replace liner and put back on production.

We will notify the BLM when work begins.

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

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

SIGNED

TITLE

Production Manager

DATE

12-93

(This space for Federal or State office use)

APPROVED BY

TITLE

PETROLEUM ENGINEER

DATE

AUG 31 1993

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side