

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

RECEIVED

SEP 27 1982

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-3635	

SUNDRY NOTICES AND REPORTS ON WELLS O. C. D.
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator J. Cleo Thompson		8. Farm or Lease Name Hover State
3. Address of Operator c/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, NM 88240		9. Well No. 6
4. Location of Well UNIT LETTER A 660 FEET FROM THE North LINE AND 1310 FEET FROM East 2 LINE, SECTION 17S TOWNSHIP 30E RANGE THE East LINE, SECTION 2 TOWNSHIP 17S RANGE 30E RANGE		10. Field and Pool, or Whident Square Lake -GB-SA
15. Elevation (Show whether DF, RT, CR, etc.) 3756.6 GR		12. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Change lease name & well no.	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Filed to change well number from Hover State #4 to Hover State #6.

*Post ID-3
10-10-82
Chg. well name*

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u><i>Dennis Walker</i></u>	TITLE Agent	DATE 9/23/82
APPROVED BY <u>Lestie A. Clements</u>	TITLE <u>Supervisor District II</u>	DATE SEP 30 1982
CONDITIONS OF APPROVAL, IF ANY:		