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Form C-103

District Office	

•	State of New Mexico
Energy,	Minerals and Natural Resources Department

to Appropriate Energy, Minerals and Natural Resources Departs District Office	Medical 1-1-95
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088	ON WELL API NO.
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Arlesia, NM 88210	5. Indicate Type of Lease STATE FEE XX
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name  Blancett
1. Type of Well: OIL OAS WELL WELL X OTHER	
2. Name of Operator	8. Well No.
THOMPSON ENGR. & PROD. CORP. 037581	2 R  9. Pool name or Wildcat
3. Address of Operator 7415 E. Main Farmington, N.M. 87402 505 327-	
4 Well Lossian	
Unit Letter P: 790 Feet From The South Line and	830 Feet From The East Line
Section 13 Township 30N Range 12W	
10. Elevation (Show whether DF, RKB, RT, GR, 5536 'KB	etc.)
	tion Papert or Other Data
Check Appropriate Box to Indicate Nature of No. NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
	(V)
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO	
TEMI OF WILL FIRST CO.	
PULL OR ALTER CASING CASING TEST	AND CEMENT JOB
OTHER: OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dework) SEE RULE 1103.	ates, including estimated date of starting any proposed
11/6/95 Set CIBP at 1550'KB. Perforated 2 squeez circulation through bradenhead valve with of Class "B" with 2% CaCl2. Circulated a Pumped an additional 25 sx (29 cuft) of (7" - 4-1/2" annulus via bradenhead valve pressure tested casing to 500# - held ok tubing at 1820'KB.	n water. Pumped 210 sx (248 curt) of trace of cement to surface. Class "B" with 2% Ca <b>C</b> 12 down of WOC. Drilled out cement and
	NOV 1 4 FSS
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	(0)   , (1)   11/13/95
SIGNATURE Faul C. Thompson  Pre Pre	sident DATE 11/13/95
TYPE OR PRINT NAME	TELEPHONE NO.
(This space for State Use)	

AFFROVED BY Johnny Rollinson
CONDITIONS OF AFFROVAL, IF ANY:

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