

UNITED STATES  
DEPARTMENT OF THE INTERIOR **OCD-HOBBS**  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB No. 1004-0137  
Expires: March 31, 2007**SUNDRY NOTICES AND REPORTS ON WELLS****Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.****SUBMIT IN TRIPLICATE - Other instructions on reverse side.**1 Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other2 Name of Operator  
**THOMPSON, J. CLEO**3a Address  
**P.O. BOX 12577 ODESSA TX 79768**3b Phone No (include area code)  
**(432)550-8887**4 Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**547' FEL & 2100' FSL, UNIT LETTER I  
SEC. 7, T9S, AND R38E**

5 Lease Serial No

**NM98217**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No

8. Well Name and No.

**JCT FEDERAL 7, WELL NO. 1**

9. API Well No.

**30-025-38350**

10 Field and Pool, or Exploratory Area

**DEVONIAN**

11 County or Parish, State

**LEA  
NM**

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

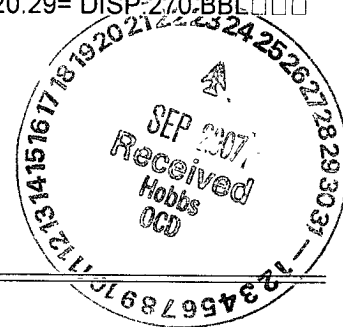
TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <b>RUN &amp; CEMENT</b>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<b>5 1/2 CSG</b>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

8-19-07 RUN 5 1/2" 17# P110/N80 LT&C, SET PIPE @ 11,687', RUN TEMP SURVEY CEMENT TOP @ 9120'  
☐

8-20-07 CEMENT = 910 sx. { 50:50:2-P,H,GEL+5% SALT+3#sx LCM. + 5% FL25+2% SM }

910 sx = WT. 14.2 = YLD. 1.3 = WATER GPS. 5.57 = BBL SLURRY 210 = BBL WATER 120.29 = DISP. 270 BBL ☐  
JET PITS & RIG DOWN RIG RELEASE 6:00 pm. ON 8/20/07

14 I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)**VONDA FREEMAN**Title **AGENT**

Signature

Date **09/14/2007****ACCEPTED FOR THIS SPACE FOR FEDERAL OR STATE OFFICE USE**Approved by **/S/ DAVID R. GLASS**

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 18 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

(Instructions on page 2)

**GW**