

Office

District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM
 87505

State of New Mexico
 Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-03990
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJECTION		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator THOMPSON, J CLEO		6. State Oil & Gas Lease No.
3. Address of Operator 325 NORTH SAINT PAUL, SUITE 4300 DALLAS, TX 75201		7. Lease Name or Unit Agreement Name LC-029431 WEST SQUARE LAKE UNIT
4. Well Location Unit Letter N : 660 feet from the SOUTH line and 1980 feet from the WEST line Section 34 Township 16S Range 30E NMPM County EDDY		8. Well Number 3
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 11181
10. Pool name or Wildcat SQUARE LAKE		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>
OTHER: MECHANICAL INTERGRITY TEST <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1/16/2016-1/28/2016 TUBING FAILURE REPAIR ON SUBJECT WELL

REPLACED PARTED TUBING, 2 3/8 TBG SET @ 2771', 5 1/2X 2 3/8 AS1X PACKER SET @ 2763'

TESTED BACKSIDE TO 500 PSI FOR 30MINS, TEST GOOD.

NM OIL CONSERVATION
 ARTESIA DISTRICT

FEB 29 2016

RECEIVED

Spud Date:

Rig Release Date:

01/28/2016

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

SIGNATURE

TITLE: REGULATORY SPECIALIST

DATE 02/26/2016

Type or print name SHELLY BILBERRY

E-mail address: SBILBERRY@JCLEO.COM

PHONE: (432)550-8887

For State Use Only

APPROVED BY:

TITLE Compliance Officer

DATE 2/29/16

Conditions of Approval (if any):