

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

WELL API NO.		30-015-35218	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>			
6. State Oil & Gas Lease No.			
7. Lease Name or Unit Agreement Name MESA ARRIBA			
8. Well Number 2			
9. OGRID Number 11181			
10. Pool name or Wildcat HAPPY VALLEY (MORROW)			
50'		feet from the	EAST line
NMPM		County EDDY	
)			
distance from nearest surface water _____			
Construction Material _____			

Month - Year
MAR - 9 2007
OCD - ARTESIA, NIM

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.)		7. Lease Name or Unit Agreement Name MESA ARRIBA
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		8. Well Number 2
2. Name of Operator THOMPSON, J. CLEO		9. OGRID Number 11181
3. Address of Operator P.O. BOX 12577 ODESSA TX 79768-2577		10. Pool name or Wildcat HAPPY VALLEY (MORROW)
4. Well Location Unit Letter <u>A</u> : <u>660</u> feet from the <u>NORTH</u> line and <u>660'</u> feet from the <u>EAST</u> line Section <u>10</u> Township <u>22-S</u> Range <u>26-E</u> NMPM County <u>EDDY</u>		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3172		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls: Construction Material _____		

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"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☒

OTHER: ☐

OTHER:RUN & CEMENT 9 5/8 CSG ☐

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

12-13-06 RIG UP CASERS & RUN 58 JTS 36# 9 5/8 ST&C TOTAL 2504' SET @ 2500', WASH 15' TO BOTTOM, CIRC & WAIT ON BULK TRUCKS. INSTALL CEMENT HEAD & CEMENT WITH: 180sks THIXOTROPIC, 600 sks BJ LIGHT, 200 sks C 1% Cacl Plug down @ 1:00 am, did not circ cmt, WOC.

12-14-06 LAY DOWN CEMENT HEAD, RIG SERVICE. TIH 1" TBG,TAG @ 719',CEMENT WITH 180sx THIXOTROPIC, WOC. TIH 1" TBG,TAG @ 515',CEMENT WITH 90 sx THIXOTROPIC, WOC
TIH 1" TBG,TAG @ 510',CEMENT WITH 90 sx THIXOTROPIC, WOC. WAIT ON CEMENT TRUCKS "CREW CHANGE".
RIG UP EQUIPMENT, TAG @ 510', CEMENT WITH 25 sx "C" NEAT 6% Cacl, WOC. TIH 1" TBG,TAG @ 512',CEMENT
WITH 25 sx "C" NEAT 6% CaCl, WOC. TIH 1" TBG,TAG @ 512',CEMENT WITH 25 sx "C" NEAT 6% Cacl, WOC.

12-15-06 WOC & MIX LCM PILL. TIH 1",TAG @ 512', PUMP LCM PILL, CEMENT WITH 50 sx "C" 4% Cacl, WOC & MIX LCM PILL. TIH 1",TAG @ 511',PUMP LCM PILL DOWN BACKSIDE,CEMENT WITH 50 sx "C" 4% Cacl, WOC. TIH 1",TAG @ 510',Pump 10 bbls Chloride water,Cement 25 sx "C" 6% Cacl, WOC. TIH 1",TAG @ 374',CEMENT WITH 100sx "C" 2% Cacl, Lost Circ, WOC□□□□
TIH 1",TAG @ 370',CEMENT WITH 25 sx "C" 6% Cacl, WOC. TIH 1",TAG @ 340',CEMENT WITH 25 sx "C" 6% Cacl, WOC. TIH 1",TAG @ 273',CEMENT WITH 75 sx "C" 2% Cacl. Circ 10 sx to Cellar. WOC.

RESUBMIT TO ADD CASING PRESSURE TEST & MINUTES: 1300 PSI, 10 MINUTES., WOC TIME: 37.5 HOURS

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE [Signature] TITLE AGENT DATE 03/01/2007

Type or print name **VONDA FREEMAN**

E-mail address: vfreeman@jcleo.com

Telephone No. (432)550-8887

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

MAR 15 2007