

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

458

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—" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.

047200 N11-02425

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

West Square Lake Unit

8. FARM OR LEASE NAME

Tract 4

9. WELL NO.

15

10. FIELD AND POOL OR WILDCAT

59 LAKE
GYBG San Andres

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA

N-4-17 S 30 E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
J. Cleo Thompson

RECEIVED

3. ADDRESS OF OPERATOR
P.O. Box 237 Loco Hills, N.M. 88255

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface 660
656 FSL 1980 FWL of Sec. 4

AUG 07 '89
O. C. D.
ARTESIA, OFFICE

14. PERMIT NO

N/A

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3740

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other) T.A.

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

We request permission to keep well under T.A. Status. Since well was T.A. because of economic reasons and not mechanical failure. We will reinstate as a producer with approval within a year.

RECEIVED

APPROVED FOR 12 MONTH PERIOD
ENDING 8/1/90

18. I hereby certify that the foregoing is true and correct

SIGNED

Amos Parks Jr

TITLE

Production Foreman

DATE

7-14-89

(This space for Federal or State office use)

APPROVED BY

Summond Graw

For:
TITLE

DATE

8-4-89

CONDITIONS OF APPROVAL, IF ANY

*See Instructions on Reverse Side