

xSubmit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

WELL API NO. 30-041-00251
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: MILNESAND UNIT
8. Well No. 54
9. Pool name or Wildcat MILNESAND (SAN ANDRES)

**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.)

1. Type of Well:  
Oil Well ☐ Gas Well ☐ Other ☐ INJECTION

2. Name of Operator  
J. CLEO THOMPSON

3. Address of Operator  
325 N. ST. PAUL, SUITE 4300, DALLAS, TX 75201

4. Well Location  
Unit Letter H : 2050 feet from the NORTH line and 660 feet from the EAST line  
Section 13 Township 8S Range 34E NMPM County R00SEVELT

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4247' KB

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: MIT <input type="checkbox"/>	

12. 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 recompilation.

1.) 4-14-04 RU BASIC WELL SERVICE, FLOWED WELL DOWN, RELEASED PKR & POOH. SDFN.  
2.) 4-15-04 TESTED TBG IN HOLE, DIDN'T FIND ANY HOLES, CIRCULATE PACKER FLUID & DID MIT FOR OCD.

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

SIGNATURE John Hughes TITLE FOREMAN DATE April 28, 2004  
Type or print name JOHN HUGHES Telephone No. (432) 634-8403  
(This space for State use)

APPROVED BY Hayden Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER  
Conditions of approval, if any:



