

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

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

Form C-103  
Revised June 10, 2003

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-041-00029
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator THOMPSON, J. CLEO		6. State Oil & Gas Lease No.
3. Address of Operator P.O. BOX 12577 ODESSA, TX 79768		7. Lease Name or Unit Agreement Name MILNESAND UNIT
4. Well Location Unit Letter <u>N</u> : 660 feet from the <u>SOUTH</u> line and 1980 feet from the <u>WEST</u> line Section <u>7</u> Township <u>8S</u> Range <u>35E</u> NMPM County <u>ROOSEVELT</u>		8. Well Number 122
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4240 GR		9. OGRID Number 11181
		10. Pool name or Wildcat MILNESAND (SAN ANDRES)

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: MIT ☐

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.

6-4-04 LAID DOWN 2 1/16 10RD TBG & RD BASIC

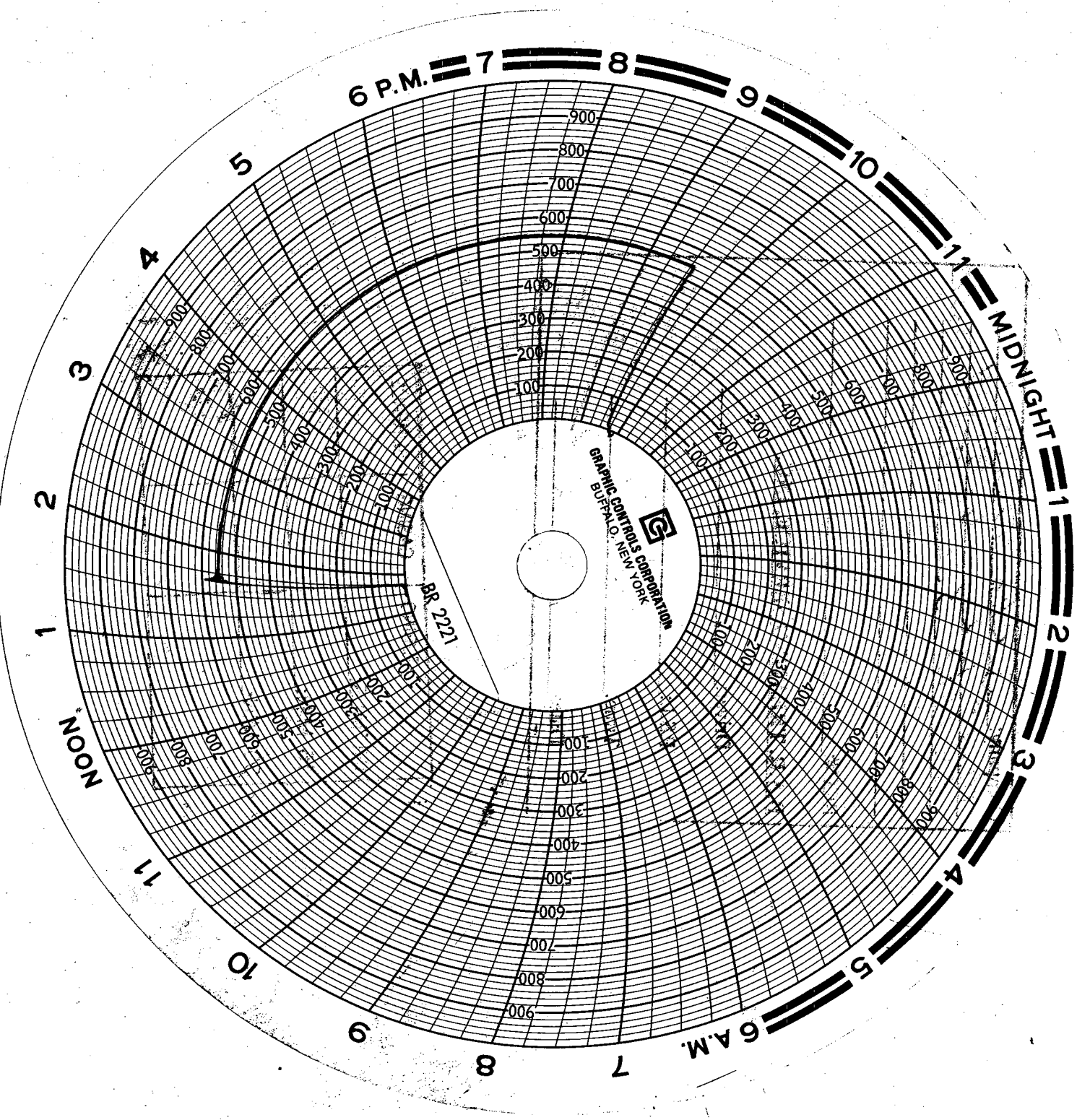
6-7-04 RU & PICKED UP 2 1/16 HYDRIL, CIRCULATE PACKER FLUID AND PERFORMED MIT FOR OCD.

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

SIGNATURE John Hughes TITLE PRODUCTION FOREMAN DATE 06/16/2004

Type or print name JOHN HUGHES E-mail address: Telephone No. (432)634-8403  
(This space for State use)

APPROVED BY Larry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUN 24 2004  
Conditions of approval, if any:



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

BR 2221

Company: J. Cleo Thompson  
MSU # 122 6-8-04  
SE/SW Sec 7 T8S R35E  
 \_\_\_\_\_  
 \_\_\_\_\_  
 RCC#: \_\_\_\_\_  
**B.A.R. TREATING SERVICE, INC.**  
 Driver: \_\_\_\_\_  
 P.S.I.: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Date: \_\_\_\_\_

	TUBING	CASING	SURFACE
INITIALS:			
15 MIN:			
30 MIN:			