

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

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

WELL API NO.	30-041-00087
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 Number	36
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9. OGRID Number	11181
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10. Pool name or Wildcat	MILNESAND (SAN ANDRES)
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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  
THOMPSON, J. CLEO

3. Address of Operator P.O. BOX 12577  
ODESSA, TX 79768-2577

4. Well Location

Unit Letter N : 660 feet from the SOUTH line and 1980 feet from the WEST line

Section 18 Township 8S Range 35E NMPM County ROOSEVELT

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4238' GL

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 ☐

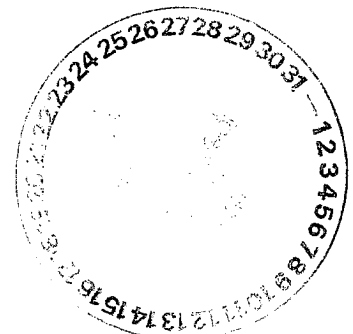
CASING TEST AND CEMENT JOB ☐

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.

1.) 5-18-05 TESTED TUBING, CIRCULATED PACKER FLUID AND PERFORMED MIT FOR OCD

Per JH Tubing 2 3/8"  
PKR @ 4457'



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 06/21/2005

Type or print name JOHN HUGHES E-mail address: Telephone No. (432)634-8403

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APPROVED BY Larry W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUN 24 2005

Conditions of approval, if any

