

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

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.)		WELL API NO. 30-041-00243
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" 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 P : 660 feet from the SOUTH line and 1980 feet from the EAST line Section 12 Township 8S Range 34E NMPM County ROOSEVELT		8. Well Number 162
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4241' GL		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: ☐

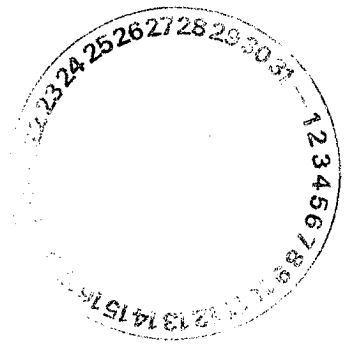
SUBSEQUENT REPORT OF:

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.

1). FISHED TUBING, PULL OUT OF HOLE, TESTED BACK IN HOLE, FOUND ANOTHER JOINT W/HOLE IN UPSET. CIRCULATED PACKER FLUID AND PERFORMED MIT FOR OCD. 6/6/05

Per JH
Tubing 2 1/2
PKR @ 4432



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

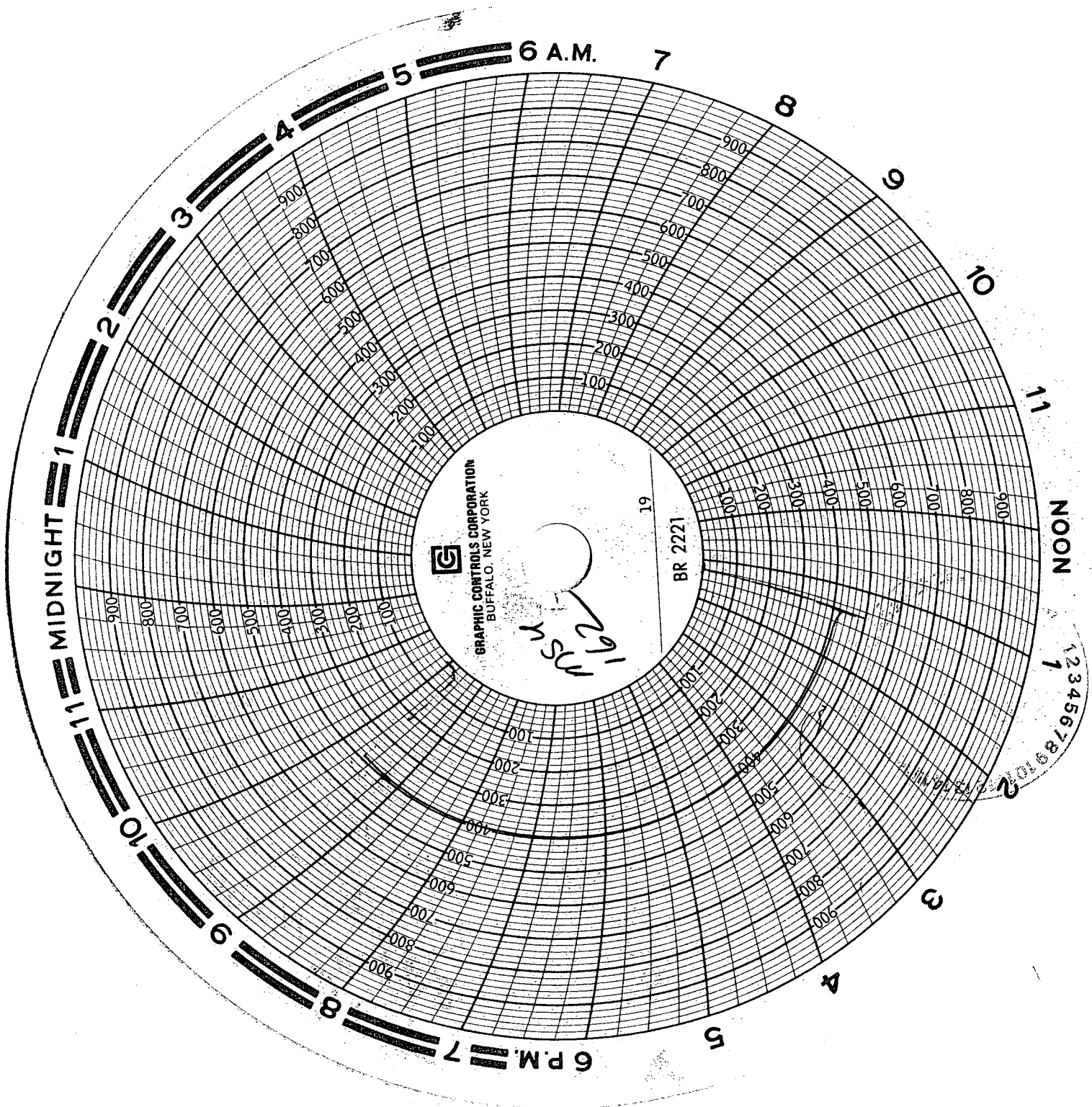
SIGNATURE John Hughes TITLE PRODUCTION FOREMAN DATE 06/21/2005

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

(This space for State use)

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

Conditions of approval, if any:



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

BR 2221
19
2221

1 2 3 4 5 6 7 8 9 10 11 12

JCT

MSU #162

SE/SE Sec 12

T8S R34E

6-6-05