

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

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. 30-041-00256
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 B : 660 feet from the NORTH line and 1980 feet from the EAST line Section 13 Township 8S Range 34E NMPM County ROOSEVELT		8. Well Number 59
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4260' 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: ☐

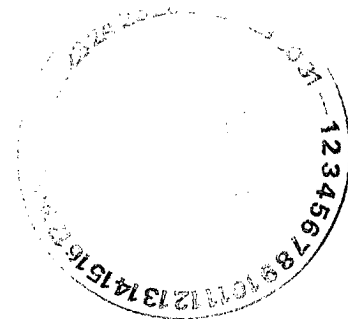
SUBSEQUENT REPORT OF:

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.) 5-26-05 CHANGED OUT TUBING, HAD TROUBLE GETTING NEW PACKER & TUBING IN HOLE BECASUE OF FLOATING RUBBER. PERFORMED MIT FOR OCD.

Per JH Tubing 2 1/16"
PKR@4357'

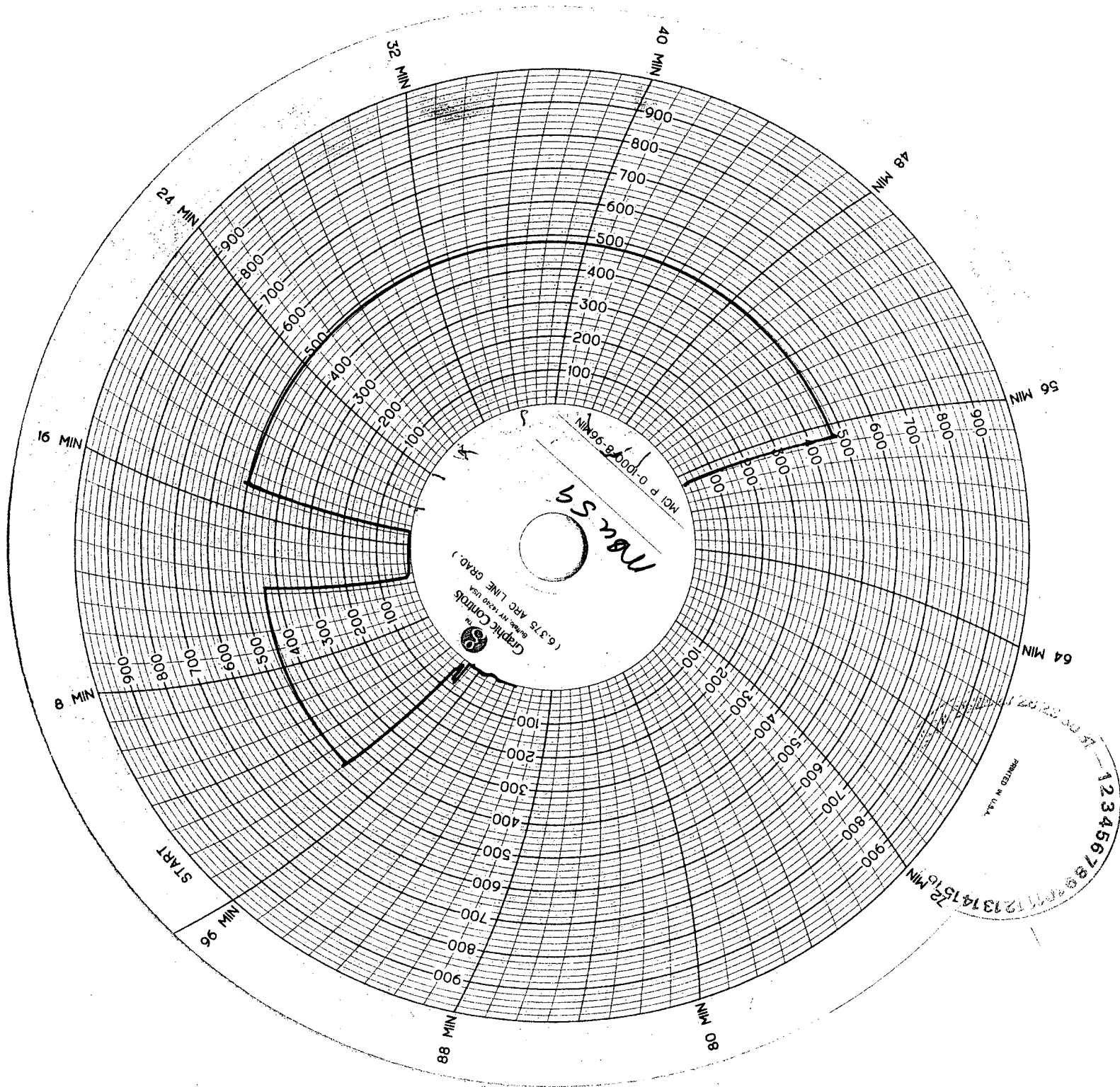


I hereby certify that the information above is true and complete to the best of my knowledge and belief.

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 Harry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUN 24 2005
Conditions of approval, if any:



Date of Test: _____
 Lease: _____
 Driller: _____
 Pressure: _____ lb spring
 Model: _____
 15 min _____
 30 min _____
 30 min _____
 depth _____
 Well No. _____
 Mr. Clark _____
 Witnessed by RRC: Y _____
 RRC Required: Y N _____
 Driver/Supervisor: _____
 Service Company: _____
 Gulf Coast _____
 7925 25262