

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

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.
30-041-00137

5. Indicate Type of Lease

STATE ☐ FEE ☒ X

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:
MILNESAND UNIT

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

8. Well No. 195

3. Address of Operator

325 N. ST. PAUL, SUITE 4300, DALLAS, TX 75201

9. Pool name or Wildcat

MILNESAND (SAN ANDRES)

4. Well Location

Unit Letter P: 660 feet from the SOUTH line and 660 feet from the EAST line

Section 13

Township 8S

Range 34E

NMPM

County ROOSEVELT

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
4240 (GL)

11. 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 FOR OCD ☒

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 recompletion.

- 1.) RU BASIC, FLOWED WELL DOWN, RELEASED ON-OFF TOOL.
- 2.) STARTED PULLING TBG, TONGS BROKE DOWN, WAITED ON NEW TONGS. FINISHED POOH.
- 3.) TESTED TBG IN HOLE.
- 4.) CIRCULATE PACKER FLUID AND PERFORMED MIT TEST. 7 5/8 LOC-SET PACKER @ 4416'.
- 5.) RETURN WELL TO INJECTION.

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 23, 2003

Type or print name

JOHN HUGHES

Telephone No. (432)634-8403

(This space for State use)

APPROVED BY

Larry W. Wink

TITLE

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

APR 29 2003

Conditions of approval, if any



