Office	State o	f New Mexico		Form C-103
District I	Energy, Mineral	s and Natural Resources		Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
<u>District II</u> 811 South First, Artesia, NM 88210	OIL CONSERVATION DIVISION		30-041-00029	
District III	2040 South Pacheco		5. Indicate Type	of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	M 87410		STATE	☐ FEE X
District IV	Santa Fe, NM 87505		6_ State Oil &	
2040 South Pacheco, Santa Fe, NM 87505) 			
(DO NOT USE THIS FORM FOR PROPORTION OF THE PROPOSALS.) 1. Type of Well: Oil Well Gas Well	LICATION FOR PERMIT" (FO	EPEN OR PLUG BACK TO A	7. Lease Name of MILNESAND U	or Unit Agreement Name: JNIT
2. Name of Operator			8. Well No.	122
J. CLEO THOMPSON				
3. Address of Operator			9. Pool name or Wildcat	
325 N. ST. PAUL, SUITE 4300, DALLAS, TX 75201			MILNESAND (SAN ANDRES)	
A 337 11 Y		<u> </u>		
4. Well Location				
Unit LetterN:_	660feet from the _	SOUTH line and _1980	feet from the	WESTline
Section 7	Township 8S	Range 35E	NMPM	County R00SEVELT
	10. Elevation (Show	whether DR, RKB, RT, GR, et	tc.)	
· 基础的 (1996年)		0.0' GR.		
			\$4.50	TO SHAPE OF THE SHAPE
11. Check	Appropriate Box to I	ndicate Nature of Notice,	Report or Other	Data
	NTENTION TO:		SEQUENT RE	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				ALTERING CASING
	2 / 200 / 11 10 / 10 / 11 10 0	TEMEDIAL WOL	···	ALIENING CASING L
TEMPORARILY ABANDON	CHANGE PLANS	☐ COMMENCE DR	ILLING OPNS.	PLUG AND
	7			ABANDONMENT L
PULL OR ALTER CASING L		CASING TEST A	ND 🗆	•
	COMPLETION	CEMENT JOB		
OTHER	•	OTHER: MIT F	OR OCD	X
12. Describe proposed or comple	eted operations. (Clearly	state all pertinent details and	give pertinent dates	
of starting any proposed work	s). SEE RULE 1103. For	Multiple Completions: Attac	ch wellbore diagram	of proposed completion
or recompilation.	,			or proposed completion
1.) 5/19/03 RU BAS	SIC WELL SERVICE, B	LED WELL DOWN, RELE	ASED PKR AND P	OOH.
2.) 5/20/03 BLED V	WELL DOWN.			
3.) TESTED TBG I	IN HOLE, DID NOT FIN	D HOLE (MAY HAVE BEE	N COLLAR OR PA	CKER LEARS. 13 Z
4.) CIRCULATED		MED CET (2) 442A2 AND DE		~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
_ 1	PACKER FLUID (PAC	KER SEI @ 4430') AND PE	RFORMED MIT FO	QR₃@CD. ॄ ॐৣ∑
5.) CHART ATTA	SIC WELL SERVICE, B WELL DOWN. IN HOLE, DID NOT FIN DPACKER FLUID (PAC CHED.	KER SET (@ 4430°) AND PE	RFORMED MIT FO	OR ₁ OCD.
5.) CHART ATTA	PACKER FLUID (PAC CHED.	KER SEI (@ 4430) AND PE	/-	
5.) CHART ATTA	O PACKER FLUID (PAC CHED.	KER SEI (@ 4430) AND PE	6	SO WIN SO
,			60	JIN WED
5.) CHART ATTA I hereby certify that the information			lge and belief.	HOUSE A
I hereby certify that the information		elete to the best of my knowled	dge and belief.	House Co
,			dge and belief.	HOUSE A
I hereby certify that the information SIGNATURE	on above is true and comp	elete to the best of my knowled	dge and belief. DAT	JUNE 09, 2003
I hereby certify that the information SIGNATURE Type or print name JOHN		elete to the best of my knowled	dge and belief.	JUNE 09, 2003
I hereby certify that the information SIGNATURE Type or print name (This space for State use)	on above is true and comp	olete to the best of my knowledTITLEFOREMAN Te	lge and belief. DAT	HOUSE OF 2003 TE JUNE 09, 2003 TE 550-8887
I hereby certify that the information SIGNATURE Type or print name (This space for State use)	on above is true and comp	olete to the best of my knowledTITLEFOREMAN Te	lge and belief. DAT	HOUSE OF 2003 TE JUNE 09, 2003 TE 550-8887
I hereby certify that the information SIGNATURE Type or print name JOHN	on above is true and comp	elete to the best of my knowled	lge and belief. DAT	JUN ED FOOD .

