

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

May 27, 2004

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. <b>30-041-10045</b>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>Thompson, J Cleo</b>		6. State Oil & Gas Lease No. <b>LC-060978</b>
3. Address of Operator <b>P. O. Box 12577, Odessa, TX. 79768-2577</b>		7. Lease Name or Unit Agreement Name: <b>Milnesand Unit</b>
4. Well Location Unit Letter <b>O</b> : <b>660</b> feet from the <b>South</b> line and <b>1980</b> feet from the <b>East</b> line Section <b>7</b> Township <b>8S</b> Range <b>35E</b> NMPM County <b>Roosevelt</b>		8. Well No. <b>135</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>4246</b>		9. OGRID Number
<b>Pit or Below-grade Tank Application</b> <input type="checkbox"/> <b>or Closure</b> <input type="checkbox"/>		10. Pool name or Wildcat <b>Milnesand (San Andres)</b>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

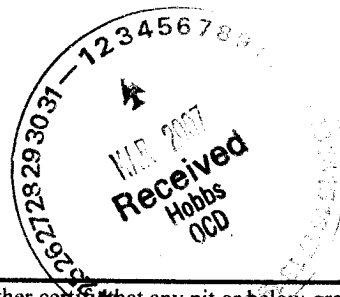
2/06/07 MIRU. NU OP SDFN

2/07/07 RIH w/ tbg. to 4525' andtag plug pot 3 xon top. POH.Pefrf csg. @ 2750'.Sqz. 80 sx cmt. POH. WOC. SDFN.

2/08/07 ag plug @ 2590'. Perf. casing 2250'. Sqz 80 sx. of cement. WOC. Tag plug @ 2100'. Lay down tbg. Perf. csg. @ 455'. Sqz. 150 sx cement to surface. WOC SDFN.

2/09/07 Cement @ surface. Rig down clean location. Cut off wellhead, weld on Dry Hole Marker.

Approved as to plugging of the Well Bore.  
Liability under bond is retained until  
surface restoration is completed.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE

*John P. Hughes*

TITLE

*Foreman*

DATE

*3-1-07*

Type or print name

*John P. Hughes*

E-mail address:

OCD FIELD REPRESENTATIVE II/STAFF MANAGER

Telephone No.

*432-350-8887*

For State Use Only

APPROVED BY

*Henry W. Wink*

TITLE

DATE

Conditions of Approval (if any)

MAR 15 2007