

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. 30-041-00256
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> X
6. State Oil & Gas Lease No.

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

3. Address of Operator
325 N. ST. PAUL, SUITE 4300, DALLAS, TX 75201

7. Lease Name or Unit Agreement Name:
MILNESAND UNIT

8. Well No. 59

9. Pool name or Wildcat
MILNESAND (SAN ANDRES)

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 R00SEVELT

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
4260' 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 re-completion.

- 1.) RU BASIC WELL SERVICE.
- 2.) RELEASED PACKER, FOUND 12 BAD JTS TBG. PU REPLACEMENT TUBING, 137 JTS 2 1/16 10RD IJ.
- 3.) CIRCULATED PACKER FLUID AND SET ARROW-SET PACKER @ 4457'.
- 4.) PERFORMED MIT FOR OCD.

NOTE:

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 10/7/03
Type or print name JOHN HUGHES Telephone No. (432)634-8403

(This space for State use)

APPROVED BY Larry W. Wink
Conditions of approval, if any:

OC DISTRICT SUPERVISOR/GENERAL MANAGER 16 2003



