

RECEIVED

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

HOBBS OCD

WELL API NO.

30-025-38792

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

GAINER 22

8. Well Number 001

9. OGRID Number

11181

10. Pool name or Wildcat

CROSSROADS DEVONIAN SOUTH

## 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 ☐

2. Name of Operator

THOMPSON, J. CLEO

3. Address of Operator

P.O. BOX 12577  
ODESSA, TX 79768

4. Well Location

Unit Letter K  
Section 22

1677.9

feet from the SOUTH line and

1697.8

feet from the WEST line

Township 10S

Range 36E

NMPM

County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

4010' GL

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type SYNTHETIC Depth to Groundwater 75' Distance from nearest fresh water well &gt;1 MILE Distance from nearest surface water &gt;1 MILE

Pit Liner Thickness: 12 mil Below-Grade Tank: Volume bbls; Construction Material

## 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 COMPL ☐OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☒OTHER: RUN 8 5/8 CSG ☒

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.

6-21-08: RUN 8 5/8 32# HCK. &amp; J-55 CSG, SET @ 4285 FEET.

CIRC 8 5/8 CSG & CEMENT 8 5/8 W/10 BBL F/W SPACER+LEAD-1100 SKS.50:50 POZ,WT.-11.8,YLD.-2.45,TAIL WITH 200 SK. "C" ☐

NEAT,WT.-14.8,YLD.-1.33,DISP.-W/259 BBL. F/W, BUMP PLUG W/ 13575 PSI. PLUG HELD.

CIRC. 316 SK. / 138 BBL. CMT TO PIT. ☐

6-22-08 TESTED ANNULAR 250# LOW / 1500# HIGH (OK).

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

Vonda Freeman

TITLE AGENT

DATE 06/27/2008

Type or print name VONDA FREEMAN

E-mail address: vfreeman@jcleo.com

Telephone No. (432) 550-8887

For State Use Only

APPROVED BY:

Chris Williams

OCD DISTRICT SUPERVISOR/GENERAL MANAGER

TITLE

DATE

Conditions of Approval (if any):

JUL 07 2008