

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. 30-041-00131
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)		7. Lease Name or Unit Agreement Name: MILNESAND UNIT
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> INJECTION		
2. Name of Operator J. CLEO THOMPSON	8. Well No. 182	
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 <u>D</u> <u>660</u> feet from the <u>NORTH</u> line and <u>660</u> feet from the <u>WEST</u> line  Section <u>NW NW 18</u> Township <u>8S</u> Range <u>35E</u> NMPM County <u>ROOSEVELT</u>		
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4250' RKB 12' ABOVE GL.		

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
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"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: REPAIR INJECTION WELL <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>

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.) POOH TBG. RIH WITH 6" BIT TO FISH @ 4625' RKB. POOH.  
2.) RU WIRELINE. RIH AND SET CIBP @ 4500'.  
3.) RIH WITH 4 1/2, 11.6# J-55 CASING TO 4500'.  
4.) RU CEMENTERS AND PUMP 580 SX OF CLASS "C" CEMENT. DISPLACE TO SHOE.  
5.) RIH WITH 3 7/8 BIT AND DRILL OUT SHOE AND CIBP @ 4500'.  
6.) RIH W/INJECTION PACKER AND TBG TO 4480'. SET PACKER. PERFORM PACKER TEST AND RETURN WELL TO INJECTION.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE J. Stevens TITLE ENGINEER DATE JULY 9, 2001  
Type or print name JIM STEVENS Telephone No. (915) 266-8886

(This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of approval, if any: \_\_\_\_\_

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