

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. 30-041-00137
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: MILNESAND UNIT
8. Well No. 195
9. Pool name or Wildcat MILNESAND (SAN ANDRES)

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION
2. Name of Operator J. CLEO THOMPSON
3. Address of Operator 325 N. ST. PAUL, SUITE 4300, DALLAS, TX 75201

4. Well Location Unit Letter ___ P ___ : 660 ___ feet from the SOUTH ___ line and 660 ___ feet from the EAST ___ line Section 13 Township 8S Range 34E NMPM County R00SEVELT
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4240 (GL)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: REPAIR INJECTION WELL <input checked="" 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 WITH TBG, CHANGED 11 JOINTS BAD TBG.
- 2.) RIH WITH ON-OFF TOOL & TBG.
- 3.) CIRCULATE PACKER FLUID AND TEST.
- 4.) RETURN WELL TO INJECTION.

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

SIGNATURE Vonda Farris TITLE AGENT DATE November 14, 2001

Type or print name VONDA FARRIS Telephone No. (915)366-8886

(This space for State use)

APPROVED BY NATURAL RESOURCES TITLE COMMISSIONER DATE NOV 20 2001

Conditions of approval, if any:

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