xSubmit 3 Copies To Appropriate District Office District I	State of New Mexico energy, Minerals and Natural Resources		•	Form C-103 Revised March 25, 1999
District II ODISTRICT IV District IV District IV OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505		WELL API NO. 30-041-00143		
		5. Indicate Type		
		STATE FEE X 6. State Oil & Gas Lease No.		
2040 South Pacheco, Santa Fe, NM 87505				
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:				r Unit Agreement Name: SAND UNIT
Oil Well Gas Well Other INJECTION 2. Name of Operator				
J. CLEO THOMPSON			8. Well No.	33
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 LetterJ_: 1980.5_feet from the _SOUTH line and _1980feet from the _EAST line				
Section NW SE 18 Township 8S Range 35E NMPM County R00SEVELT				
10	D. Elevation (Show whether D. 4226' GR	R, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBS			EQUENT RE	PORT OF: ALTERING CASING
TEMPORARILY ABANDON [] CH	HANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND		
	JLTIPLE DMPLETION	CASING TEST AND CEMENT JOB		
OTHER:		OTHER: REPAIRE		
 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 recompilation. RU, POOH W/INJECTION TBG & PACKER. RIH W/6 ¼ BIT, TAGGED FILL @ 4618'. CLEANED OUT WELL TO 4745'. SET CIBP @ 4500'. RUN 4 ½, 11.6 # J-55 CSG TO 4465'. CEMENT CSG TO SURFACE W/700 SXS CLASS C NEAT CMT. CIRCULATED 64 SX TO PIT. RIH W/3 7/8" BIT AND DRILL OUT FLOAT SHOE AND CIBP. RIH W/2 3/8" PC INJECTION TBG AND SET 4 ½ AD-1 PKR @ +/- 4443'. TEST ANNULUS TO 500 PSI. RETURN WELL TO INJECTION. 				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Ste	mm TITLE	ENGINEER	DATE	E01/11/01
Type or print name JIM STEVEN	NS		one No. (915)366-	
(This space for State use)				
APPPROVED BY Conditions of approval, if any:	TTTLE_	······································		DATE

