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U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-85

API #30-047-20034

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	
Gihon	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
Wildcat	
12. County	
San Miguel	

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. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
Tom L. Ingram

3. Address of Operator
P. O. Box 1757, Roswell, NM 88201

4. Location of Well
UNIT LETTER G 2970 FEET FROM THE South LINE AND 1814 FEET FROM
East 31 TOWNSHIP 13-N RANGE 30-E NMPM.
THE LINE, SECTION

15. Elevation (Show whether DF, RT, GR, etc.)
4028 GR

16. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <u>Extention</u> <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Due to rig availability, we request an extention of time until Jan. 15, 1988, on the application for Permit to deepen this well.

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

SIGNED Tom L. Ingram TITLE Operator DATE Dec. 8, 1987

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 12-10-87

CONDITIONS OF APPROVAL, IF ANY: