State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

# OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease
STATE ☐  FEE ☒

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

Gihon "31"

| 1. Type of Well: | | | |
|---|---|---|---|
| OIL WELL ☐ | GAS WELL ☐ | OTHER Dry | |

2. Name of Operator
Tom L. Ingram

8. Well No. 1

3. Address of Operator
P. O. Box 1757, Roswell, NM 88202

9. Pool name or Wildcat
Wildcat

4. Well Location

Unit Letter G : 2970 Feet From The South Line and 1814 Feet From The East Line

Section 31    Township 13-N    Range 30-E    NMPM    San Miguel    County

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

11.    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 ☐

OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐    ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐    PLUG AND ABANDONMENT ☒

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

Dec. 13-14, 1989:  P & A by Stinebaugh Drilling and witnessed by
Roy E. Johnson, NMOCD, as follows:

25 sx @ 4411, 3625, 3050, 2415-2515, 1900-2000, 990-1090
15 sx bullheaded between 8 5/8 and 5 1/2
10 sx @ 448
10 sx @ surface

Mud laden brine used between plugs

Dry hole marker set at surface.

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

SIGNATURE _Tom L. Ingram_    TITLE Operator    DATE 12-28-89

TYPE OR PRINT NAME Tom L. Ingram    TELEPHONE NO. 622-3630

(This space for State Use)

APPROVED BY _Roy E. Johnson_    TITLE    DATE 1-4-90

CONDITIONS OF APPROVAL, IF ANY: