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

Chappell "5"

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 __E__ : __2310__ Feet From The __North__ Line and __990__ Feet From The __West__ Line

Section __5__   Township __12-N__   Range __30-E__   NMPM __San Miguel__   County

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

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.

Jan. 12, 1990: Location cleaned and ready for inspection

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 1-24-90

TYPE OR PRINT NAME   Tom L. Ingram

TELEPHONE NO. 622-3630

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE 3-26-90

CONDITIONS OF APPROVAL, IF ANY: