| NO. OF COPIES RECEIVED 5 | | France 100 |
|---|---|---|
| DISTRIBUTION | RECEIVED | Form C-103 Supersedes Old |
| SANTA FE | NEW MEXICO OIL CONSERVATION COM | |
| FILE /- | | |
| U.S.G.S. | MAR 2 9 1968 | 5a. Indicate Type of Lease |
| LAND OFFICE | <u> </u> | State Fee X |
| OPERATOR 2 | | 5, State Otl & Gas Lease No. |
| Q & Z Eng. 1 | ARTESIA, OFFICE | |
| (DO NOT USE THIS FORM FO | IDRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT LOTTON FOR SUCH PROPOSALS.) | RESERVOIR. |
| | TOTAL FOR PERMIT - (FORM C-101) FOR SUCH PROPOSALS.) | 7. Unit Agreement Name |
| OIL GAS WELL X | OTHER• | |
| TOM L. INGRAM | | 8. Form or Lease Name |
| Address of Operator | | 9. Well No. |
| | Roswell, N. M. 88201 | 2. |
| Location of Well | 990 FEET FROM THE NORTH | 1650 FEET FROM 10. Field and Pool, or Wildcat Atoka Penn |
| | · | 26E |
| THE LINE, S | COTION TOWNSHIP RANGE | NMPM. |
| | 15. Elevation (Show whether DF, RT, GR, etc.) | |
| | 3338 КВ | Eddy (|
| | ck Appropriate Box To Indicate Nature of Notice | |
| NOTICE O | - INTENTION TO: | SUBSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | COMMENCE DRILLIN | NG OPNS. PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | CHANGE PLANS CASING TEST AND C | BDL THEMES |
| | OTHER | |
| OTHER | | |
| 7. Describe Proposed or Complete work) SEE RULE 1603. | d Operations (Clearly state all pertinent details, and give pertin | nent dates, including estimated date of starting any proposed |
| · | | |
| Squeeze perfs 91 | 50-9158 with 100 sx cement. Perf 9070 | -9074. Stimulate and complete |
| as gas well. | | |
| 45 g45 Hell. | | |
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| | | |
| | | |
| 8 I hereby certify that the informa- | tion above is true and complete to the best of my knowledge and | d ballaf |
| A was the information of the second | 2 | |
| - Jon A | Jacqua Title Operator | DATE 3/22/68 |
| IGNED | TITLE OPERATOR | DATE |
| 2 (1) | | **** |
| PPROVED BY | Gressett TITLE CONTENTS | DATE MAR 2 9 1968 |
| U - , U | | |

CONDITIONS OF APPROVAL, IF ANY: