

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
NM OIL CONS. COMMISSION
Artesia, NM 88210
SUBMIT IN DUPLICATE*
(Other instructions on reverse side)

c/sf
Form approved.
Budget Bureau No. 42-R1424.

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" for such proposals.

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-24777	
2. NAME OF OPERATOR TOM L. INGRAM		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1757, Roswell, NM 88101		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSL, 760' FWL, Sec 14		8. FARM OR LEASE NAME Federal "Z"	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3122 GR		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 14, T-26-S, R-30-E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input checked="" type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Commenced drilling 14:00, 1-19-83.

Set 13 3/8" casing @ 350' and cemented with 375 sxs of Class C w/CaCl₂. Circulated 40 sxs to surface. Test witnessed by Mineral Management Service representative. WOC 18 hrs, tested casing & shoe to 500 psi for 30 min. Held OK.

RECEIVED

JAN 24 1983

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED Tom Ingram TITLE Operator DATE 1-21-83

(This space for Federal or State office use)

ACCEPTED FOR RECORD
(ORIG. SGD.) DAVID R. GLASS

APPROVED BY DAVID R. GLASS DATE JAN 24 1983

CONDITIONS OF APPROVAL, IF ANY

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

See Instructions on Reverse Side