

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

4/5F

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back a well in a Federal reservoir. Use "APPLICATION FOR PERMIT—" 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 (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface: 330" FSL, 760" FWL, Sec 14

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3122 GR

5. LEASE DESIGNATION AND SERIAL NO.: NM-24777

6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

7. UNIT AGREEMENT NAME \_\_\_\_\_

8. FARM OR LEASE NAME: Federal "Z"

9. WELL NO.: 1

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

JAN 27 1983  
O. C. D.  
ARTESIA, OFFICE

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

(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.)\*

Propose to use annular type BOP after setting 8 5/8 casing.

RECEIVED

JAN 26 1983

OIL & GAS  
MINERALS MGMT. SERVICE  
ROSWELL, NEW MEXICO

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

SIGNED: George H. Stewart TITLE: Operator DATE: 1-26-83

(This space for Field or District Office use)

APPROVED BY: George H. Stewart TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

MINERALS MANAGEMENT SERVICE  
ROSWELL, NEW MEXICO

\*See Instructions on Reverse-Side