

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NEW OIL CONS. COMMISSION
DRAWER DD

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER P & A <input checked="" type="checkbox"/>		RECEIVED BY MAR 16 1984 O. C. D. ARTESIA OFFICE	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 88201			7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with State Regulations) At surface 330' FSL & 760' FWL Sec. 14			8. FARM OR LEASE NAME Federal "Z"	
14. PERMIT NO.		15. ELEVATIONS (Show whether DP, WT, GR, etc.) 3122 Gr		9. WELL NO. 1
16. 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.)		17. COUNTY OR PARISH Eddy		10. FIELD AND POOL, OR WILDCAT Wildcat - Delaware
		18. STATE NM		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T-26-S, R-30-E

18. 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)

12-12-83--12-19-83

Set CIBP @ 5665 with 35' cement on top.
Set 100' cement plug @ 4560
Set 100' cement plug @ 3632
Cut 5 1/2" casing @ 2600' and pulled
Set 150' cement plug 2500-2650
Set 100' cement plug outside 8 5/8 @ 300-400'
Set 100' cement plug inside 8 5/8 @ 300-400'
Set 50' cement plug @ surface
Mud-laden brine used between plugs
Set dry hole marker

RECEIVED
DEC 29 9 25 AM '83
BUR
ROSWELL
NEW MEXICO

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

SIGNED Tom L. Ingram TITLE Operator DATE 12-27-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: