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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

NOV 21 1980

ARIZONA

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator TOM L. INGRAM ✓		8. Farm or Lease Name Moriah
3. Address of Operator P. O. Box 1757, Roswell, New Mexico 88201		9. Well No. 2
4. Location of Well UNIT LETTER <u>J</u> <u>1987</u> FEET FROM THE <u>South</u> LINE AND <u>2140</u> FEET FROM THE <u>East</u> LINE, SECTION <u>7</u> TOWNSHIP <u>10-S</u> RANGE <u>29-E</u> NMPM.		10. Field and Pool, or Wildcat Wildcat- Perm
15. Elevation (Show whether DF, RT, GR, etc.) 3879 DF		12. County Chaves

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Progress</u> <input checked="" type="checkbox"/>

17. 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.

10/20/79 - 11/19/80

Continuing to clean up by flowing periodically. Anticipating gas connection within 30 days.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>Tom L. Ingram</u>	TITLE <u>Operator</u>	DATE <u>11/20/80</u>
APPROVED BY <u>W.A. Gressett</u>	TITLE <u>SUPERVISOR, DISTRICT II</u>	DATE <u>NOV 25 1980</u>
CONDITIONS OF APPROVAL, IF ANY:		