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NEW MEXICO OIL CONSERVATION COMMISSION

HUBBS OFFICE O. C. C.

JUN 27 6 40 PM '69

Form C-103
Supersedes O'd
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator TOM L. INGRAM		8. Farm or Lease Name Granny
3. Address of Operator P. O. Box 1757, Roswell, New Mexico 88201		9. Well No. 1
4. Location of Well UNIT LETTER 0 , 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 1 TOWNSHIP 11S RANGE 36E NMPM.		10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4020 KB		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input 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.

6/20/69 Drilled to 12,347. Set plug (25 sx) 11,852 - 11,768. Ran 11,768' 2-7/8" 6.5# EUE, set at 11,758 and cemented with 200 sx Incor Poz. Plug back 11,737. Top cement by temperature survey 10,607. WOC 76 hrs. Tested casing to 1000 psi for 30 minutes -- held okay.

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

SIGNED Tom L. Ingram TITLE Operator DATE June 26, 1969

APPROVED BY [Signature] TITLE UPPER DATE

CONDITIONS OF APPROVAL, IF ANY: