Form 9-331		ATES	SUBMIT IN TRIPLICA	Form approved. Budget Bureau No. 42-R1424.
DEPARTMENT JF THE INTERIOR (Other Instructions o GEOLOGICAL SURVEY				5. LEASE DESIGNATION AND SERIAL NO. NM-02218
				6. IF INDIAN, ALLOTTER OR TRIBE NAME
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 XX GAS WELL WELL OTHER				7. UNIT AGBEEMENT NAME
, NAME OF OPERATOR				8. FARM OR LEASE NAME
Tom L. Ingram				King Davis Jek
ADDRESS OF OPERATOR POB 1757. Roswell. New Mexico 88201				9. WELL NO. ALL ALL ALL ALL ALL ALL ALL ALL ALL AL
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*				10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface				Allison-Pennsylvaniar 11. BEC., T., B., M., OB BLK. AND
660 FNL and 60	50 FWL of Section 2	28, T8S, R	37E	SURVAY OR AREA Sec. 28-8-37
4. PERMIT NO.	15. ELEVATIONS	Show whether DF	RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
· · · · · · · · · · · · · · · · · · ·	402	7 DF		Roosevelt NM
6.	Check Appropriate Box	To Indicate N	ature of Notice, Report, c	or Other Data
NOTICE OF INTENTION TO:			SUB	SEQUENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CAS	51NG	WATER SHUT-OFF	BEPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLET	rat	FRACTURE TREATMENT	ALTERING CABING
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT* XX
(Other)	CHANGE PLANS		(Other)	sults of multiple completion on Well ompletion Report and Log form.)
	MPLETED OPERATIONS (Clearly)	state all pertinen		ates, including estimated date of starting at ertical depths for all markers and sones per
nent to this work.) • 10/31 thru 11/9				
from 3979 to 40 and pulled. Se at 325 to 425 @	79 in & out of stul t 100' plug @ 700	o of 7" an to 800 in Set 10 sac	d in 9-5/8" csg. and out of stub of	casing. Put 100' plug Shot 9-5/8' csg. @ 747 9-5/8. Set 100' plug ith marker, Mud laden
brine use	u between all plug	5		
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				승규 방을 했는 것 같이 있는 것
				: 같은 것은 것을 이 한 것이 것이 것이 것이다.
			· · · ·	문화할 것 한 화가 나는 것 것 같 것 것 같은 방법 것 같 것 다 가 있었던 환자
			•	
8. I hereby certify that th	e foregoing is frue and correct			·····································
SIGNED Jow	Lugar	TITLE	Operator	DATE 11/14/74
(This space for Federal	or State office use)	<u></u>		NEVAL HE BETTE
APPROVED BY	BOVAL, IF ANY :	TITLE	APPR JUL 1	1976 1
			IUL 1	
	*(See Instruction	S ON REVEISE SIDE JUL L ARTHUR DISTRIC	R. BROWN
			DISTRIC	
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R Charles VIES ¹¹91 2 1976 CHE CONSERVATION COMM. HOBBS, N. M.

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