

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved,
Budget Bureau No. 42 H1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM02218

6. IF INDIAN, ALIQUOT 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 WELL ☐ GAS WELL ☒ OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Tom L. Ingram	8. FARM OR LEASE NAME King Davis
3. ADDRESS OF OPERATOR POB 1757, Roswell, New Mexico 88201	9. WELL NO. #2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1930 FNL and FWL of Section 28	10. FIELD AND POOL, OR WILDCAT Allison-Popp
11. PERMIT NO.	11. COUNTY, T., R., S., OR BLM. AND SERVEY OR AREA 28, T8S, R-37E
12. ELEVATIONS (Show whether DT, ST, CR, etc.) 4257 DF	12. COUNTY OF PARISH Roosevelt
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☒	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☒	(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.)

Jan. 3, 1973:

Well had previously been shut-in. Swabbed well and established a gas volume of 132 MCFPD with a trace of distillate. Will connect well to Warren's low pressure system within the next 2 - 3 weeks.

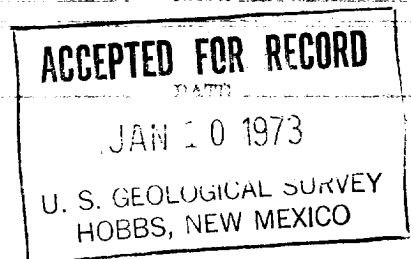
18. I HEREBY certify that the foregoing is true and correct.

SIGNED Tom L. Ingram TITLE Operator DATE Jan. 8, 1973

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side