

COPY TO O.C.C.
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRI. DATE*
(Other instructions on re-
verse side)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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-14012	
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 any State requirements.* See also space 17 below.) At surface 660 FSL & FEL of Sec. 23		8. FARM OR LEASE NAME Federal "N"	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4000 Gr		10. FIELD AND POOL, OR WILDCAT Undesignated-SA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 23-8S-37E	
		12. COUNTY OR PARISH Roosevelt	
		13. STATE NM	

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

6/3/81-6/10/81: Unable to find 8 5/8" csg. stub. Started drilling new hole at 1400' in red beds. Continuing to drill new hole at 2000'.

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

SIGNED Margaret P. Cochran TITLE ClerkDATE 6/10/81

(This space for Federal or State office use)

APPROVED
APPROVED BY (Orig. Sgd.) ROGER A. CHAPMAN TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

DATE _____

JUN 22 1981

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side