Porm 9-331 (May 1963)	UN" ED STATES PARTMEN. OF THE INTI		Form approved. Budget Bureau No. 42-R1424. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL SURVEY		NM-0145897
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.)			6. IF INDIAN, ALLOTTES OR TRIBE NAME
1.	APPLICATION FOR PERMIT—" for su	ch proposals.)	
OIL X GAS WELL OTHER			7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR			8. FARM OR LEASE NAME
TOM L. INGRAM			
3. ADDRESS OF OPERATOR			9. WELL NO.
P. 0. Box 1757 - Roswell, New Mexico 88201			1 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  See also space 17 below.)  At surface  1980 FSL & 660 FEL of section			10. FIELD AND POOL, OR WELDCAT
			Wildcat
1900	FIL & OOU FEL OF SECTI	on	11. SEC., T., R., M., OR BLE. AND SURVEY OR ARMA
14. PERMIT NO.	15 PIPWATIONS (Chambridge		15-8S-37E
	15. BLEVATIONS (Show whether		12. COUNTY OR PARISH 18, STATE
16.	4023 KB, 401		Roosevelt New Mexico
To. Ch	eck Appropriate Box To Indicate	e Nature of Notice, Report, or (	Other Data
NOTICE	OF INTENTION TO:	aubae	QUENT 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)	
(Other)		' Completion or Recomi	s of multiple completion on Well pletion Report and Log form.) , including estimated date of starting any
0-3/8** (	ed drilling @ 15:30 on casing @ 376' w/275 sx.	Cement circulated.	
2-1-/1	After WOC 24 hours test	ted casing and shoe to	1000 psi for 30 min.
	Held OK.		는 사람들이 되었다. 
			그는 그 젖은 수둑이 그리고 귀를 만하는 것이다.
	·		Company  Com
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			tinic todos y complete
	·		10 10 10 10 10 10 10 10 10 10 10 10 10 1
			10 10 10 10 10 10 10 10 10 10 10 10 10 1
•			ដាំក្តីគឺគាត់ គេកំ ដាំកំពីព័
	٠	•	See Sub- country of the original orig
·			e mente propries prop
			医圆类性囊性衰竭 道台电槽
P. Thombs			医牙毛皮质毒素 医乳性毒素原物
18. I hereby certify that the fore	going is true and correct		
SIGNED JOHN	TITLE _	Operator	DATE 2=2-71
(This space for Federal or S	tate office use)		
APPROVED BY		ACCEPTED FO	n nchadel et design
CONDITIONS OF APPROVA	L, IF ANY:	100000	1 DATELLE R. D. D. T. D.
		FER 2	1071

\*See Instructions on Reverse Side. GEOLOGICAL SURVEY HOBBS, NEW MEXICO

RECEIVED

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OIL CONSERVATION COMM.