

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM-14012

6. IF INDIAN, ALLOTTEE 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 <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 Federal "N"	
3. ADDRESS OF OPERATOR P.O. Box 1757, Roswell, New Mexico 88201		9. WELL NO. 2-Y	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 846' FSL & 710' FEL of Section 23		10. FIELD AND POOL, OR WILDCAT Undesignated-SA	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 23-8S-37E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4000 GR		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 checked="" 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 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.) *

September 9 to October 14:

Drilled to 4980'. Ran 4 1/2" 10⁵ # J-55 casing to 4980' and cemented with 240 sxs Howco light and 225 sxs Class "C". WOC 48 hrs. Test casing & shoe for 30 minutes @ 1000 psi--Held OK. RU completion unit to log & perf.

RECEIVED
OCT 16 1981

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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

SIGNED Tom L. Ingram TITLE Clerk DATE 10-15-81
 (This space for Federal or State use)
ROGER A. CHAPMAN
 APPROVED BY ROGER A. CHAPMAN TITLE _____ DATE _____
 CONDITIONS OF APPROVAL IN _____

OCT 20 1981
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

N. M. CONS. COMMISSION
DEPARTMENT OF THE INTERIOR
HOBBS, NEW MEXICO 88240

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42 R1424.
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HM-14012

6. IF INDIAN, ALLOTTEE 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 <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 Federal "N"	
3. ADDRESS OF OPERATOR P. O. Box 1757, Roswell, New Mexico 88201		9. WELL NO. 2-Y	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 846' FSL & 710' FEL of Section 23		10. FIELD AND POOL, OR WILDCAT Undesignated - SA	
14. PERMIT NO.		12. COUNTY OR PARISH Roosevelt	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4000 Gr		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

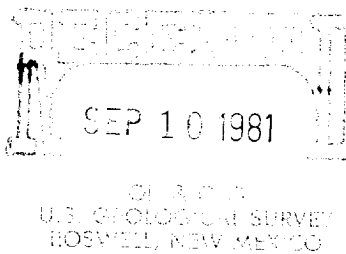
WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Progress	<input checked="" type="checkbox"/>		<input checked="" 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.) *

August 13 to September 8, 1981

Finished rigging up CIA Drilling and drilled from 290' to 482' in red beds.

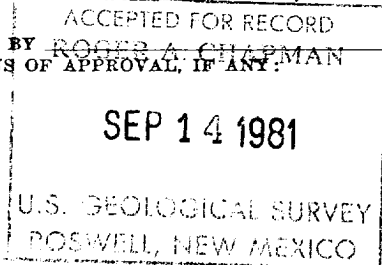


18. I hereby certify that the foregoing is true and correct

SIGNED Tom Ingram TITLE Operator DATE 9/8/81

(This space for Federal or State office use)

APPROVED BY ROBERT A. CHAPMAN TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side