

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

PERMIT IN TRIPLI
(Other Instructions on re
verse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

2240M-14012

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. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 660' FEL of Sec. 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 New Mex.	

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"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" 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) <input type="checkbox"/> Commenced Drilling	

(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.) *

Feb. 10, 1985 Commenced drilling 7:30 a.m. Drilled to 375'

Set 8 5/8" csg @ 371' w/210 sx, Class C + 2% CaCl. Circ Approx 40 sx to surface.

WOC 18 hrs. Texted csg to 1000# for 30 min. Held O.K.

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

SIGNED Tom L. Ingram TITLE Operator DATE Feb 11, 1985

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD PETER W. CHESTER DATE FEB 14 1985 BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA
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*See Instructions on Reverse Side

RECEIVED

FEB 18 1985

G. C. B.
HOBBS OFFICE