

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYMISCOMITON TRACT
(Other instruct on te
Artesia, NM 88210Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-36488

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 "AR"	
3. ADDRESS OF OPERATOR P. O. Box 1757, Roswell, NM 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 1980' FSL & 660' FWL of Sec. 19, T-8-S, R-38-E		10. FIELD AND POOL, OR WILDCAT Undesignated SA	
14. PERMIT NO.		12. COUNTY OR PARISH Roosevelt	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3985 GR		13. STATE NM	
11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T-8-S, R-38-E			

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"/>	

(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.)*

May 6, 1984 - Set 8 5/8" Csg @ 376' w/210 sxs Class C + 2% CC, circulated 20 sxs.

WOC 18 hrs. Tested Csg and shoe to 1000# for 30 min. Held OK

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

SIGNED Tom L. Ingram TITLE OperatorDATE 6-7-84(This space for Federal or State office use)
ACCEPTED FOR RECORDAPPROVED BY PETER W. PETER
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

JUN 12 1984

*See Instructions on Reverse Side