

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

IN OIL, GAS, OR
SUBMIT IN THE
(Other instruction on re-
verse side)
Article, MI 88210

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-36488
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 1980' FSL & 660' FWL of Sec. 19, T-8-S, R-38-E		8. FARM OR LEASE NAME Federal "AR"
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3985 GR		10. FIELD AND POOL, OR WILDCAT Undesignated SA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T-8-S, R-38-E
		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:

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 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 checked="" 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.)*

Rigged up Abbott Bros. Rig #4 and commenced drilling at 10:30 p.m. MDT, May 31, 1984.

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

SIGNED

TITLE Operator

DATE 6-1-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

PETER W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL

JUN 4 1984

*See Instructions on Reverse Side

RECEIVED BY
JUN 05 1984
O. C. D.
ARTESIA, OFFICE

RECEIVED
JUN 11 1984
O.C.D.
HOBBS OFFICE