

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

N. M. CH. COM. COMMISSION  
HOBBS, NEW MEXICO 88240

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.  
NM-0267786

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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Tom L. Ingram		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P.O. Box 1757, Roswell, NM 88202		8. FARM OR LEASE NAME Garretson
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 1980' FEL SW/4 SE/4 Sec. 25, T-8-S, R-32-E Chaves County, New Mexico		9. WELL NO. 2
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Tobac Pennsylvanian
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 25 T-8-S R-32-E
		12. COUNTY OR PARISH Chaves
		13. STATE New Mexico

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 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) <u>TA Permit</u>	

(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.)\*

It is requested that a Temporary Abandonment Permit be granted for a period of one (1) year.

This is requested to have time to consider the possible conversion of this well to a Salt Water Disposal Well or recomplete in a new zone.

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

SIGNED John M. Lass TITLE Clerk DATE 4-6-90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

APPROVED FOR 12 MONTH PERIOD  
ENDING APR 19 1991  
\*See Instructions on Reverse Side

DATE APR 19 1990  
PETER W. CHENTER

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA