

**U. S. DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

N. M. OIL CONS. COMMISSION

SUBMIT IN TRI-CATE*
(Other instructions on reverse side)

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.)

RECEIVED
APR 26 11 03 AM '88

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Tom L. Ingram

3. ADDRESS OF OPERATOR
P.O. Box 1757, Roswell, N.M. 88201

**4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)**
At surface **E**
1980' FNL & 1980' FNL
SW/4 NE/4
Sec. 25. T-8-S, R-28-E Chaves County New Mexico

14. PERMIT NO.
32

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4436 KB

**BUREAU OF LAND MGT
ROSWELL RESOURCE AREA**

5. LEASE DESIGNATION AND SERIAL NO.
NM-0267786

6. INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Garretson

9. WELL NO.
12

10. FIELD AND POOL, OR WILDCAT
Jobac Pennsylvania

11. SEC., T., R. OR BLM. AND SURVEY OR AREA
32 E
Sec. 25 T-8 R-28-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:

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 checked="" 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 type="checkbox"/>	

(NOTE: Report results of multiple completion or 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.

The purpose of this request is to allow time to evaluate the possible conversion of this well to a Salt Water Disposal Well.

This well was shut in March 31, 1988.

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

SIGNED Joseph Ingram TITLE Engineer

DATE 4-26-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD
ENDING APR 1 1989

*See Instructions on Reverse Side

a casing integrity pressure test will be needed before another approval is granted.

