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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
HOBBS OFFICE O. C. C.

May 24 2 22 PM '68

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name Simpson	
9. Well No. 1	
10. Field and Pool, or Wildcat Undesignated	
12. County Lea	
19. Proposed Depth 10,000	19A. Formation Penn
20. Rotary or C.T. Rotary	
21. Elevations (Show whether DF, RT, etc.) 3886 Gr	21A. Kind & Status Plug. Bond Statewide
21B. Drilling Contractor	
22. Approx. Date Work will start Upon approval	

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Tom L. Ingram	
3. Address of Operator P. O. Box 1757, Roswell, New Mexico 88201	
4. Location of Well UNIT LETTER 0 LOCATED 560 FEET FROM THE South LINE 2035 East 34 TWP. 12S RGE. 37E NMPM	
19. Proposed Depth 10,000	
19A. Formation Penn	
20. Rotary or C.T. Rotary	
21. Elevations (Show whether DF, RT, etc.) 3886 Gr	21A. Kind & Status Plug. Bond Statewide
21B. Drilling Contractor	
22. Approx. Date Work will start Upon approval	

OLD XXXXXXXX
PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17	13-3/8	48	402	420	Circulated
11	8-5/8	24 & 32	4508	1000	1190

Well was drilled originally as Nearburg & Ingram No. 1 Simpson to a TD of 12,322'. Propose to re-enter and clean out to 10,000'. Run 8-5/8" casing from surface to 1190'. Run 5-1/2" (17 & 20#) casing to 10,000' and cement with 300 sxs. Perforate Pennsylvanian, stimulate and complete.

Form C-128 filed with original Application to Drill.

8-24-68

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed Tom L. Ingram Title Operator Date May 24, 1968

(This space for State Use)
APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: