NO. OF COPIES RECEIVED	-	Form C-103
DISTRIBUTION	÷	Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE		Ellective 1-1-03
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State X Fee
OPERATOR		5. State Oil & Gas Lease No.
	<del></del>	L-5316
SUND (DO NOT USE THIS FORM FOR PI USE "APPLICA		
I. OIL GAS WELL WELL	OTHER-	7. Unit Agreement Name
2. Name of Operator		8. Form or Lease Name
Tom L. Ingram		State "V"
3. Address of Operator		9. Well No.
	Roswell, New Mexico, 88201	1
4. Location of Well	•	10. Field and Pool, or Wildcat
UNIT LETTER H	1787 FEET FROM THE North LINE AND 467 FEET FRO	Wildcat
THE East LINE, SECT	ION 3 TOWNSHIP RANGE NMPP	
	15. Elevation (Show whether DF, RT, GR, etc.) 3969 DF	12. County Lea
Check	Appropriate Box To Indicate Nature of Notice, Report or O	ther Data
NOTICE OF I		TREPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB X	
	OTHER	
OTHER		
17 Describe Proposed or Completed O	perations (Clearly state all pertinent details, and give pertinent dates, includin	
work) SEE RULE 1 103.	positions (occurry state are periment details, and give pertinent dates, includin	g estimated date of starting any proposed
Work performed 3/16/7	7 thru 3/30/77	
Drilled cement plugs 49	958-4973', 6655-6690', 10130-10457', 12585-13000	D'. Drill pipe became
to pull. Backed off a	cked off and fished. Drill pipe became stuck ag at 12,620', leaving 7 7/8" bit, 3' junk basket,	and 3' bit sub. Unable
to move fish either up	o or down. Ran $1903.66'$ of $5\frac{1}{2}$ " $20\#$ N-80 LT&C, 8 of $5\frac{1}{2}$ " $17\#$ Butress casing. Set at $12,610'$ and	3285.28' of $5\frac{1}{2}$ '' 17#
of Class H 50/50 Poz r	mix with 8 $\#$ salt per sack and 3/4 of 1 $\%$ CFR2. $$ F	Ran Temperature Survey
and found top of cemer for 30 minutes. Held	nt at 8400' After WOC 24 hours , tested casing a	and cement to 1000 psi

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

| Signed | Signed | Dist 1, Supv. | Title | Date | Da

CONDITIONS OF APPROVAL, IF ANY: