

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-102
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
8-2287

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RECHARGE OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
TOM L. INGRAM	State "L"
3. Address of Operator	9. Well No.
P. O. Box 1757, Roswell, New Mexico 88201	2
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER L, 2310 FEET FROM THE South LINE AND 330 FEET FROM THE West LINE, SECTION 19 TOWNSHIP 17S RANGE 36E NMPM.	Vacuum-Abo Reef
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3898 GR	Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

8-27-71

Ran 797.58' of 8 5/8" 32# H40 casing and 2510.83' of 8 5/8" 24# J-55 casing.
Set at 3200 and cemented with 200 sacks of Class H cement plus 4 sacks of CaCl. WOC 24 hrs. Tested casing and shoe to 1000 psi for 30 minutes.
Held O. K.

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

SIGNED <u>Tom L. Ingram</u>	TITLE <u>Operator</u>	DATE <u>8-27-71</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPV OF DISTRICT</u>	DATE <u>AUG 30 1971</u>
CONDITIONS OF APPROVAL, IF ANY:		