

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLIC.
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-65913
2. NAME OF OPERATOR Ingram Oil & Gas, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 2828 Diamond Shamrock Tower, L.B. 98, Dallas, Texas 75201	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FNL & 330' FEL	8. FARM OR LEASE NAME Federal '21C'
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, ET, GR, etc.) 3771' GR	10. FIELD AND POOL, OR WILDCAT Wildcat-Strawn
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T18S, R32E
	12. COUNTY OR PARISH Lea
	13. STATE N.M.

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 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 checked="" type="checkbox"/> Completion Update	

(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.) *

- 4/08/86 Pick up and set R.B.P. @ 11,750'. Rigged up and swabbed perfs 11,610-630'. Swabbed w/no shows.
- 4/10/86 Rigged up and spotted 2 bbsl 15% acid @ 11,729'. Acid covered from 11,642-11,729'. Perforated from 11,715-725' (2 SPF).
- 4/11/86 Set packer @ 11,638'. Rigged up and swabbed perfs. Acidized perfs 11,715-725' w/1900 gal 15% acid. Flowed and swabbed perfs w/some gas. Swabbed perfs.
- 4/13/86 Rigged up and R.I.H. and retrieved bridge plug @ 11,750'. Move bridge to 11,677'. Set packer @ 11,545'. Rig up CRC wireline and ran tracer survey. Tracer survey showed perfs 11,614-620' were open. Released packer and retrieved bridge plug. Reset bridge plug @ 11,687'. Set packer @ 11,638'. Tested bridge plug to 4800 psi. Release packer and reset @ 11,514'.
- 4/14/86 Acidized perfs 11,610-630' w/250 gal 20% acid. Swabbing perfs.
- 4/16/86 Release packer and R.I.H. to 11,630'. Spotted 2 bbls 15% HCL acid. Reperf 11,610-630' w/2 SPF. Acidized perfs w/2590 gal 15% HCL acid and 1000 gal gelled water.

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

Continued on next page...

SIGNED Jerry W. Franklin TITLE Agent DATE 8/12/86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

AUG 19 1986

*See Instructions on Reverse Side

RECEIVED
AUG 20 1986
O.C.B. UNIT
HOBBS, NEW MEX