

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(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 '210'	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, 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.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Completion Update <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)

6/05/86 Perforated 11,510-525' w/2 SPF and perforated from 11,525-535' w/2 SPF. Set packer @ 11,360'. Made swab runs and swabbed water

6/06/86 Swabbed tested perfs w/no show of oil or gas.

6/07/86 Acidized well w/5000 gal MOD 202 acid. Swab testing well.

6/08-6/16 Testing well.

6/17/86 Pull out of hole. R.I.H. and set Halliburton C.I.B.P. @ 11,490' and dumped 39' of cement on top of plug.

6/18/86 R.I.H. w/tubing and spotted 150 gal acetic acid @ 11,464'. Perforated intervals 11,420-436, 11,458-462' w/2 SPF. R.I.H. w/tubing and packer and set packer @ 11,300'. Swab testing perfs.

6/19-6/28 Swab testing perfs w/slight show of oil and gas.

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

Continued on next page...

SIGNED Larry W. Frankli TITLE Agent DATE 8/12/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

AUG 19 1986

*See Instructions on Reverse Side