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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
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. K-3018	

## 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 -" (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 Tom L. Ingram		8. Farm or Lease Name State "0"
3. Address of Operator POB 1757, Roswell, New Mexico 88201		9. Well No. 2
4. Location of Well UNIT LETTER <u>E</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>7</u> TOWNSHIP <u>24S</u> RANGE <u>33E</u> NMPM.		10. Field and Pool, or Wildcat Triple X Delaware
15. Elevation (Show whether DF, RT, GR, etc.) 5200 3563 GR		12. County Lea

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

### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐  
OTHER ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☒  
CASING TEST AND CEMENT JOBS ☒  
OTHER ☐  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

Commenced drilling 6/7/73

6/8/73 Set 427' of 8-5/8" 20# J casing @ 421' and cemented with 400 sx Cl. H Cemented with 2% Cal. Chl. Cement circ. WOC18 hrs. Tested casing and shoe to 800 psi for 30 min. Held ok.

18. 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 6/8/73

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: