



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR
(Other instruct
verse side)

CATE
OR FC

Form approved.
Budget Bureau No. 1001-0135
Expires August 31, 1985

9/5F

5. LEASE DESIGNATION AND SERIAL NO.

NM 025503

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

GINSBERG FEDERAL

9. WELL NO.

16

10. FIELD AND POOL, OR WILDCAT

Shugart (Y,SR,Q,Gb)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 25, T. 18S, R. 30E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3539' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐

PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

REPAIRING WELL

☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) TD & set production casing

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(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.)*

TD 3975'. Ran 97 jts 3998.33' 5 1/2" 15 1/2# J55 ST&C casing. Cem @ 3975'.
1st stage - 100 sx 50/50 POZ 6# salt, 3/10ths of 1% CFR2, WOC 4 hrs.
2nd stage - 300 sx Class "C" 50/50 POZ, 6# salt, 3/10ths of 1% CFR2,
3/10ths of 1% Halad #4, WOC 12 hrs.
3rd stage - 300 sx Class "C" 2% CaCl. Plugged dn @ 5:30 a.m., 12/02/84.

ACCEPTED FOR RECORD

SWC

DEC 7 1984

Carlsbad

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

SIGNED

Brenda P. Witt

TITLE

Production Analyst

DATE

12/03/84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side