

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

RECEIVED

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

dst

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.)

DEC 29 '87

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR Corinne B. Grace O. C. D.
ARTESIA, OFFICE

3. ADDRESS OF OPERATOR P. O. Box 1418, Carlsbad, NM 88220

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1880' FEL & 460' FSL

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3113.4 GR

5. LEASE DESIGNATION AND SERIAL NO
NM-18626

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
Ginger Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
East Ross Draw Dela.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24, T. 26S, R. 30E.

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

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) Run Intermediate Casing

(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.)*

Drilled 11" hole to 3525 ft. 8/3/87
Ran 3525 ft. 8 5/8" 24 & 32# K-55 S.T. & C. Casing.
Cement with 1550 sx Hal/Lite + 1/4# Flocel and 1/4# Salt per sack.

Dec 10 10 45 AM '87
CATTLE & HORSE
AREA
OFFICE
ALTERS

RECEIVED

18. I hereby certify that the foregoing is true and correct
SIGNED Mike Butte TITLE Agent DATE 12/8/87

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

UNITED STATES
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Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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SUNDRY NOTICES AND REPORTS ON RECEIVED

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Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐ DEC 29 '87

2. NAME OF OPERATOR Corinne B. Grace ✓ O. C. D.

3. ADDRESS OF OPERATOR ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
P. O. Box 1418, Carlsbad, New Mexico 88220
1880' FEL & 460' FSL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3113.4 GR

5. LEASE DESIGNATION AND SERIAL NO
NM-18626

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
Ginger Federal

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1

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East Ross Draw Dela.

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SURVEY OR AREA
Sec. 24, T. 26S, R. 30E.

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANE ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(Other) Spud & Run Surface ☒

(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.)*

Spud 17½" hole 6:30 AM 7/28/87 to 905 ft.
Ran 877 ft. 13 3/8" 54.50# to 68.00# K-55 S.T. & C. Casing.
Cement with 600 sx Hal/Lite and ¼# Floccel per sack and
250 sx Class "C" cement with 2% CaCl.
Circulate 250 sx to surface.

RECEIVED
DEC 10 10 44 AM '87
CATTLE HORN
AREA OFFICE

SJS

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

SIGNED

Mike Butts

TITLE

Agent

DATE

12/8/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-CATE*
89888 Instructions on
reverse side)

30-015-25744
Form approved.
Budget Bureau No. 1004-0136
Expires August 31, 1985 C/SF

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

b. TYPE OF WELL

OIL WELL ☒

GAS WELL ☐

OTHER

SINGLE ZONE ☐

MULTIPLE ZONE ☐

2. NAME OF OPERATOR

Corinne B. Grace

3. ADDRESS OF OPERATOR

P. O. Box 1418, Carlsbad, New Mexico 88220

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

At surface 1980' FEL & 660' FSL

At proposed prod. zone

Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

21 Miles Southeast of Malaga, NM

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

660 FT

16. NO. OF ACRES IN LEASE

640

17. NO. OF ACRES ASSIGNED
TO THIS WELL

40

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH

7025

20. ROTARY OR CABLE TOOLS

R

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

GR 3123.4 3113.4

22. APPROX. DATE WORK WILL START*

April 30, 1987

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17 1/2	13 3/8	54.50	900	800sx CIRCULATE
12 1/4	8 5/8	24-32	3550	950sx
7 7/8	5 1/2		7025	850sx

Exhibits Attached:

- A. Drilling Fluid Program
- B. BOP Program
- C. Drilling Equipment Inventory
- D. Multi-point Surface use and Operational Plan
- E. Ten Point Compliance Program
- F. Acreage Dedication Plat
- G. Location Plat

Post ID-1
NL, API
4-17-87

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

Billy Ymlla

TITLE

Agent

DATE

4-9-87

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

4-14-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side