

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NM OIL & GAS  
SUNDRY NOTICES AND REPORTS ON WELLS

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

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

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Corinne B. Grace

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

O. C. D.

ARTESIA, OFFICE

14. PERMIT NO.

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

3113.4 GR

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 PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.) \*

1/12/88 - Fracture interval 5809'-5817' w/6000 gal.  
Gel Fluid w/9,000# 20/40 Sand and  
3,000# 12/20 Sand.

JAN 19 10 55 AM '88  
CARLSBAD AREA

RECEIVED

ACCEPTED FOR RECORD

JAN 22 1988

SJS  
CARLSBAD, NEW MEXICO

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

SIGNED

Mike Butts

TITLE Agent

DATE 1/15/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side.