

(May 1983)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND NUMBER **RECEIVED**

NM-18626

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

JUN 03 '88

7. UNIT AGREEMENT NAME

N/A

O. C. D.

8. FARM OR LEASE NAME

ARTESIA, OFFICE

Ginger Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

East Ross Draw Dela.

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

Sec. 24, T26S, R30E

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, New Mexico 88220

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

1980' FEL & 1980' FSL

14. PERMIT NO.

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

3145.4 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) Run Intermediate & Test BOP ☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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 12 1/4" hole to 3585'.

Ran 87 Jts. 8 5/8" 24 & 32# J-55 ST&C Casing. Shoe @ 3585'.

Cement with 1600 sx Hal-Lite + 12# Salt + 1/4# Flocele/sx.

Tail with 200 sx Class "C" + 2% CaCl₂.

Circulate 400 sx to surface.

Plug down @ 8:15 a.m. 5/7/88.

NU BOP & Rotating Head.

Test BOP & choke manifold to 1000#.

Test OK. 5/7/88.

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

SIGNED

Mike Butts

TITLE

Agent

DATE

5/19/88

(This space for Federal or State office use)

APPROVED BY

TITLE

ACCEPTED FOR RECORD

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 27 1988

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO