

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. C. Cons. Division
1025 N. French Dr.
Hobbs, NM 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Disposal	5. Lease Designation and Serial No. NMNM0569
2. Name of Operator Chuza Operating	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. c/o P.O. Box 953, Midland, TX 79702 (915) 684-6381	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T. R. M. or Survey Description) 1980' FNL & 660' FWL, E, Sec 31, T25S, R38E	8. Well Name and No. Ginsberg Federal, Well #6
	9. API Well No. 30-025-12440
	10. Field and Pool, or Exploratory Area Langlie Mattix
	11. County or Parish, State Lea County, NM

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Repon	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other MIT test, squeeze & test
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13. 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.)*

4-21-00: Attempted to test well for casing integrity, did not hold, went in hole w/RBP & packer @ 3205, found leak @ 928'.
4-22-00: Went in hole to 982', cement squeeze with 150 sx Class C, 2% CaCl2 cement. Cemented to surface and circulated 10 sx.
4-23-00: Drilled out cement, tested to 500 psi, pressure held, went in hole with fiberglass tubing and new on-off tool, pressure tested again, had pressure bleed off. Well shut-in; water produced on lease is being hauled off.

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

Signed Ann E. Ritchie

Title Regulatory Agent

Date 4-27-99

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval if any: _____

BLM(6), 

