

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0569

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ginsberg Federal

9. WELL NO.

#9

10. FIELD AND POOL, OR WILDCAT

Blinebry/Fusselman

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

Sec. 31, T25S, R38E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

14. PERMIT NO.

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

3049' GL

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)

(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.)*

MIRUPU and pulled rods, upper and lower tubing. Set Ret. BP @ 5900'. WIH w/csg scraper to top of BP. Ran GR Correlation log. Perforated Tubbs zone 5730' - 5870' w/69 holes. Set pkr @ 5661'. Acidized Tubbs w/3000 gal w/15% NE. Swabbed well down. RIH w/pump and rods. Placed back on production. Cleaned up area. Plan to move back when rig is available and stimulate by fracturing Tubbs zone and acidizing Blinebry zone. Will send report when this work is done.

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

SIGNED

TITLE

Div. Production Manager

DATE

4-30-76

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

