

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 057634	
2. NAME OF OPERATOR Holly Energy Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 726 Artesia, New Mexico 88210		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650 FSL 1650 FEL Sec 20 T-17S R-30E		8. FARM OR LEASE NAME McIntyre A	
14. PERMIT NO.		9. WELL NO. 8	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3630.5		10. FIELD AND POOL, OR WILDCAT Loco Hills Abo	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 20 T-17S 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/> Set production casing	(Other) <input type="checkbox"/>

(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.)*

Test surface pipe to 1400 P.S.I.

Drill 7 7/8 hole to 6901' and set 6899' 4 1/2 10.50# K-55, etc. and set DV tool at 3518'. Cement 1st stage 6899-3518' with 810 sacks Class H 1 1/4# cello flakes 2% cacl. and 200 sacks Class H with 1 1/4% CF-9 2% cacl. Plug down 1st stage 7:30 p.m. 6-27-80. Open DV tool 7:40 p.m. 6-27-80. Circulate DV tool 6 hours. Cement 2nd stage 3518-surface with 1407 sacks 50/50 pos Class C 2% ge;. 2% cacl. and 100 sacks Class C 1% cacl. Circulate 305 sacks to pit plug down at 4:25 a.m. 6-27-80. DV tool closed at 4:35 a.m. 6-28-80

RECEIVED

JUL 8 1980

O. C. D.
ARTESIA, OFFICE

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

SIGNED Robert Loyet TITLE Superintendent DATE 6-30-80

(This space for Federal or State office use)

APPROVED BY (Orig. Sig.) PETER W. CHESTER TITLE ACTING DISTRICT ENGINEER DATE JUL 7 1980
CONDITIONS OF APPROVAL, IF ANY: