Form 9-231 (May 1963)	ITED STATES IN OIL ONSTATES DEPARTMENT OF THE INTER DATE DEPARTMENT OF THE INTER DATE DE ARTESIA, NM 68210			Form approved. Budget Bureau No. 42-R1424. 5. LEASE DENIGNATION AND SERIAL NO.	
				LC-051102 (b)	
(Do not use t	JNDRY NOT	CES AND REPOR	RTS ON WELLS		6. IF INDIAN, ALLOTTEE OR THIBE NAME
ī				IVED BY	. UNIT AGREEMENT NAME
OIL GAS WELL WEL 2. NAME OF OPERATOR		WIW - TA			LOCO HILLS FLOOD B. FARM OR LEASE NAME
NEWMONT OIL	i i		. 001	18 1985	Ballard "B"
3. ADDRESS OF OPERA	TOR			C. D.	9. WELL NO. 7
P. O. BOX 13	(Report location clo	, NEW MEXICO arly and in accordance with	88210 ARTESI	A. OFFICE	10. FIELD AND POOL, OR WILDCAT
See also spuce 17 At surface	Delow.)			-	LOCO HILLS (Q. G. SA) 11. BEC., T., R., M., OR BLK. AND BURVEY OR ABBA
1650 FNL 2310' FEL Sec. 1-18-29					Sec. 1-18-29
14. PERMIT NO.		15. ELEVATIONS (Show whi			12. COUNTY OR PARISH 18. STATE
		3548		1	Eddy N.M.
16.	Check Ap	propriate Box To India	ate Nature of Notic		
	NOTICE OF INTENI	то: ' Г			NT REPORT OF:
TEBT WATER BHU Fracture treat		ULL OR ALTER CASING	- WATER SH	TREATMENT	REPAIRING WELL Altering Casing
BHOOT OR ACIDIZI		BANDON*	SHOOTING	OR ACIDIZING	ABANDONMENT* XXX
REFAIR WELL	c	HANGE PLANS	(Other)	E: Report results of	multiple completion on Well
proposed work.	If well is direction	ATIONS (Clearly state all p ally drilled, give subsurfa	entineut details and giv	a nortinent Jetes it	ion Report and Log form.) acluding estimated date of starting any depths for all markers and zones perti-
nent to this wor	k.) •				
The above we	ll was plugg	ed and abandon a	is follows	• •	
11/7/82	Spotted 50 s	ack cement plug	at 2769'. Pul	led tbg and .	shut down.
	Tagged @ 261 cement. SI.	4'. Mudded up a	end perf. base of	of salt @ 100	55'. Squeezed 50 sacks
11/10/82	Tagged plug of salt @ 53	at 897', pressur 9' and squeezed	ed casing to 71 with 150 sacks	00#. Okay. cement. Ci	Mudded up and perf top rc. to pit Shut in.
11/11/82	Tagged @ 132	' set 15 sack pl	ug hole marker.		
	Location rea	dy for inspectio	n	DEC	CEVED
				MA	R 2 3 1983
				file Engl	ul 3 cas S Mort. Service Ll, New Mexico
18. I hereby certify t	hat the foregoing is	true and correct.	Area Manager		3/22/83
	ederal or State offic	e use) gitin			1. 15 85
APPROVED BY _ CONDITIONS OF	APPROVAL, IF AJ	TITLI			DATE 75 85
CONDITIONS OF		Ĥ			Post ID- 2
		*****		da	4-1-83
		*See Instru	uctions on Reverse Si	4	r+A