Form 9-331 UN ED S	TATFS 1	W O M DOMESTIN Green 3 and 10 the control of the co	Form approved. Budget Bureau No. 42-R1424.
RECLIVED BY DEPARTMENT OF	THE INTER	Corresion State 88210	O. LEARE DERIVATION AND DERIVE NO.
MAR 201989NDRY NOTICES AND			G. IF INDIAN, ALLOTTEE OR TRIBE NAME
MAR 20 SUNDRY NOTICES AND OF DELICATION FOR PER	REPURIS o deepen or plug b MIT—" for such p	onck to a differentive ervoir.	en2
1. ARTESIA, OFFICE		Oct 11 12 53	T. UNIT AGREEMENT NAME
WE'LL WELL OTHER 2. NAME OF OPERATOR VATES PETROLEUM	IIW TA		RICH TWest Loco Hills Grb # RICH FARM OR LEASE NAME SD Ut Tract 10A
NEWMONT OIL COMPAN		ROSWELL DIST	Tract 10A
3. ADDRESS OF OPERATOR P.O. BOX 1305		NEW MEXICO 8821	,
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)			Loco Hills (Q.G.SA)
At surface			11. BEC., T., R., M., OR BLK. AND BURVEY OR AREA
2310 FNL 990 FWL Sec. 3-18-29			3-18-29
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)			12. COUNTY OF PARISH 13. STATE Eddy N.M.
	3510'	(Nation Page 1	
16. Check Appropriate Box	i to Indicate IN	ature of Notice, Report, o	EQUENT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER C	ASING	WATER SHUT-OFF	REPAIRING WELL.
FRACTURE TREAT MULTIPLE COMPL	ETE	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT®
RHOOT OR ACIDIZE ABANDON* REPAIR WELL CHANGE PLANS		(Other) P	&A XX
(Other) 17. DESCRIBE PROPOSED OF COMPLETED OPERATIONS (Clearly		Completion or Reco	nits of multiple completion on Well mpletion Report and Log form.)
proposed work. If well is directionally drilled, given nent to this work.)* 8/1/83Set packer at 2205*	. Squeez	ed 50 sks cement	tical deptation an advance and source per a
displaced w/16 1/2	bbls wate	r. WOC.	
8/2/83Tagged plug at 2370 sks cement w/2% Cal cement w/2% Calcium	cium. SI		4 shots/ft. Squeezed 50 No plug. Spotted 50 sk
to 500 psi. Tagged	w/2% Cal plug at	cium - SI - No p 260'. Mixed 15	Perf w/4 shots at 360'. ressure. WOC. Pressured sks cmt for top hole plu seeded and ready for
		173 5	·
18. I hereby certify that the teregoing is true and correct signed Email I forestell	t	Area Man	ager DATE 9/27/83
(This space for Federal or State office (se)	Ç asıl		DATE 3-1975
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE J'C/ VJ
	9-1		