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(May 1983)

APR 20 1985

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN THE STATE OF  
NEW MEXICO  
Artesia, NM 88210

Form approved.  
Budget Bureau No. 42-R1424.  
C. LEASE DESIGNATION AND SERIAL NO.  
LC 058480  
D. IF INDIAN, ALLOTTEE OR TRIBE NAME

O. C. D. SUNDRY NOTICES AND REPORTS ON WELLS

ARTESIA, OFFICE 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW - TA		7. UNIT AGREEMENT NAME West Loco Hills Grb #4	
2. NAME OF OPERATOR <u>YATES Petroleum Corp</u> <u>Newmont Oil Company</u> ✓		8. FARM OR LEASE NAME SD Ut Tract 10A	
3. ADDRESS OF OPERATOR P. O. Box 1305, Artesia, New Mexico 88210		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330 FSL 1650 FWL Sec. 3-18-29		10. FIELD AND POOL, OR WILDCAT Loco Hills (Q.G.SA)	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3-18-29		12. COUNTY OR PARISH Eddy	
14. PERMIT NO.		13. STATE New Mexico	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3512'			

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <u>P&amp;A</u>	

(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.)\*

5/12/83...Spotted 100 sks cmt. Tagged plug at 2568'. Spotted additional 100 sacks cmt. WOC.  
5/13/83...Tagged plug at 1872'. Hole in csg. between 315' and 378'. Perf 4 shot per ft. at 900'. Spotted 50 sks cmt. Set pkr at 378'. Squeezed cmt. WOC. Okay. Tagged plug at 785'. Perf 4 shots/ft. at 370'. Squeezed 50 sks cmt to surface. WOC.  
5/14/83...Tagged plug at 265'. Installed 15 sk cmt plug and P&A marker.

Location ready for inspection



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

SIGNED

TITLE Area Manager

DATE 7/20/83

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 3-19-85

CONDITIONS OF APPROVAL, IF ANY: