			· c		<u> </u>	Form approved.
Form 9-331 (May 1963)		NITED STATE		NM OffifBMWTWH (Utber inst)		5. LEASE DENIGNATION AND BERIAL NO.
		EOLOGICAL SUP		Artosia, NM	88216	LC-05848 D
SU	NDRY NOTI	CES AND REP	ORTS	ON WELLS		G. IF INDIAN, ALLOTTER OR TRIBE NAME
(Do not use th	is form for proposi Use "APPLICA"	is to drill or to deepe TION FOR PERMIT"	n or plug for such p	back to a different p roposals.)	eservoir.	
1.				RECE	IVED	7. UNIT AGREEMENT NAME
OIL GAB WELL WELL	OTHER	WIW -	SCKX	TA		WEST LOCO HILLS GRB #4 SD 8. FARM OR LEABE NAME
2. NAME OF OPERATOR AUG 4					1982	TRACT 10B
NEWMONT OIL COMPANY 8. ADDRESS OF OPERATOR O. C. D						9. WELL NO.
P. O. BOX 1305 ARTESIA, NEW MEXICO ARTES 210 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) FICE						10. FIELD AND POOL, OR WILDCAT
4. DOCATION OF WELL (Report Jocation clearly and in accordance, while any State requirements See also space 17 below.) At surface						LOCO HILLS (Q. G. SA) 11. BEC., T., R., M., OR RLK. AND BURVEY OR AREA
1650 FSL 2310 FEL Sec. 3-18-29						Sec. 3-18-29
14. PERMIT NO.		15. ELEVATIONS (Show	whether DI	r, RT, GR, etc.)		12. COUNTY OF PARISH 13. STATE
		3492'				EDDY NEW MEXICO
16. Check Appropriate Box To Indicate Nature of Notice, Report, or C						Other Data
	NOTICE OF INTENT	SUBSEQ	UENT REPORT OF:			
TEST WATER SHUT		OLL OB ALTER CASING		WATER SHU:		REPAIRING WELL
FRACTURE TREAT SHOOT OR ACIDIZE		ULTIPLE COMPLETE BANDON*	xx	SHOOTING O		ALTERING CASING ABANDONMENT [®]
REPAIR WELL		HANGE PLANS		(Other)	· Nepert regult	s of multiple completion on Well
(Other)				l Comple	etion or Recomp	including estimated date of starting any
nent to this work	.)* icient cemel	rt across proc	lucina	interval to	tie back	to production string h 25 sack cement plug.
 Perforate in casing Perforate in casing 	base of sal top of sal	2t@ <u>865'</u> a t@ <u>402</u>	ind squ and	eeze with 5 squeeze with	0 sacks ci h 50 sack	ement leaving 100' plug s cement leaving 100' plug
4. Set 15 sa 5. Erect per	ck cement p manent well	narker	лулпу	surface and	produció	on casing together.
lc	.) All plus .) Hole with	fice will be n gs will be ver Il be loaded b	ified setweer	ı all plugs ı		
(d) We do no	ot plan to pul	l any	casing		
						1922 - Jana Bara
:						
18. I hereby certify th SIGNED	A M	Jonsell TI	TLE	Area Manage	r	DATE7/23/82
(This space for Fe	derat of state offic	QYZD				
APPROVED BY	g Sgd.) PETER	W. CHESTER TI	TLE			DATE
CONDITIONS OF	APPROVAL, IF AL	¹¹ :3 1982				
	FOR JAMES J DISTRICT	A. GILLHAMSee In SUPERVISOR	struction	s on Reverse Sid	e	