Form 9-331 (May 1963)	DEPAI	U' D ST RTMEN I OF T		NV OFWHALL Other RIOR Straight	A	PAPON	Form ap Budget 1 5. LEASE DESIGNAT	Sureau No.	
		GEOLOGICAL		Artesia,			LC 054		
S (Do not use	SUNDRY N this form for p	OTICES AND roposals to drill or to LICATION FOR PERM	REPORTS deepen or plus 11T—" for such	ON WEL	LS <sup>rent</sup> <b>RECEIV</b>	ED	6. IF INDIAN, ALLO	TTEE OR TE	IBE NAME
OIL GA	S OTH	. (076)	-x <b>s1</b> x 7	ra	VII 0 3	1982	7. UNIT AGREEMEN		R #1 C1
2. NAME OF OPERAT		r WIW	- 1011		AUG 3	1302	8. FARM OR LEASE		3 "7 31
NEWMON	TOIL COMP	ANY		<del></del> -		)	9. WELL NO.	ACT 5	·
		ARTESIA,	NEW MEXI	ICO 88	ARTESIA, OF 210	FICE	3	2	
LOCATION OF WE See also space 1 At surface	LL (Report locat 7 below.)	on clearly and in acco	rdance with an	ny State requirer	nents.•		10. FIELD AND POO .OCO HILLS 11. BEC., T., B., M.,	(Q. G. S	SA)
1650' FNL 2310' FWL Sec. 10-18S-29E					ĺ	SURVEY OR AREA			
. PERMIT NO.		15 Prevations	(Charambathan	DR DE CD etc.			Sec. 10-18S		
. PERMIT NO.		15. ELEVATIONS		DF, RT, GR, etc.)			Eddy		Mexico
		Appropriate Box	<u> 3502'</u> Ta ladiasta	N-4(N-	D	\ O <sub>4</sub>	L D - 4	J	
•		Appropriate box	10 indicate	laginte of lac			ner Data Nt Report of:		
TEST WATER SH	[]	PULL OR ALTER CA	BING	WATER	SHUT-OFF			NG WELL	
FRACTURE TREAT		MULTIPLE COMPLET	1	1	RE TREATMENT	r 🔲		G CARING	
SHOOT OR ACIDI	z <b>t</b>	ABANDON*	XX	1 .	ING OR ACIDIZI	NG	ABANDON	MENT*	
REPAIR WELL (Other)		CHANGE PLANS			Note: Report		f multiple completi ion Report and Log		
7. DESCRIBE PROPOS proposed work nent to this wo	c. If well is dir	OPERATIONS (Clearly sectionally drilled, give	state all pertine	ent details, and	give pertinent	dates, ir	cluding estimated	date of star	rting any
Perforate plug in Perforate plug in Set 15 s	te base of casing. te top of casing. back cemen	et bridge plu salt @ <u>870</u> salt @ <u>403</u> t plug at sur ell marker	o, an and	id squeeze squeeze w	with 50 ith 50 sc	sacks icks c	cement lea ement leavi	iving 100'	00'
Note: (	(A.) Your	office will 1	be notiki	ed 24 hrs	. prior 1	to ope	rations.		
ĺ	B.) All ;	olugs will be	verified	l .	•	•			
		will be loads not plan to			gs with 1	10# mu	d		
									٠.
							er regi	1	
							1382		
								YEY .	
. I hereby certify	that the foregoin	is true and correct	7	A to a m . 11 m .			<del></del>	<del>:()</del>	
SIGNED Z	est for f	Monegell	TITLE	Area Mar	rager		. <b>DATE</b>	23/82	
(This space for	rig. Og A							,	
APPROVED BY	APPROVAL T	ER W. CHESTER	TITLE		· · · · · · · · · · · · · · · · · · ·		DATE		<del></del>
	AUG								
	FOR	**		n	C: 1				
	JAMES	A. GILLHAM *Se SUPERVISOR	te Instruction	ns on Reverse	Side				