UNITED STATES Artesia, IN

See War Line

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

882<u>H. LEASE</u> 054153 LC 05453

Budger purchasion as migg4

6.	IF IND	AN, AL	LOTTEE	OR T	RIBE	NAME

CHMDDV	NOTICES	AND	REPORTS	ON	WELLS
SHNDRY	NUTICES	AND	KEPUK 15	UN	MELLO

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1.	oil well		gas well		other	wiw	_	TA		
2.			OPERAT		DANY	1				
	1 11	TALIOI	AT OID	COL	T VILL				 	
3.	ADDF	RESS (OF OPER	RATOR				-		

P.O. BOX 1305 ARTESIA, NEW MEXICO 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE:

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 7. UNIT AGREEMENT NAME
WEST LOCO HILLS GRB # 4 SD

8. FARM OR LEASE NAME

8. FARM OR LEASE NAME TRACT 5

2

9. WELL NO.

10. FIELD OR WILDCAT NAME LOCO HILLS (Q.G.SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

10-18S-29E

12. COUNTY OR PARISH 13. STATE EDDY NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3502'

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other)

SUBSEQUENT REPORT OF:

RECEIVED BY

NOV 14 1983 Report results of multiple completion or zone change on Form 9-330.)

O. C. D. ARTESIA, OFFICE

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.)*

3-25-83 100 sacks @ 2547'.

3-26-83 Tag @ 2590'. 50 sacks @ 2590'.

3-28-83 Tag @ 2170'. Perforate @ 925'. Squeeze 55 sacks @ 925'.

3-29-83 Tag @ 818'. Perforate @ 390'. Squeeze 60 sacks @ 390'.

3-30-83 Tag @ 338'. (Could not pump in) 20 sacks @ 338'.

3-30-83 15 sack surface plug with marker



Subsurface Safety Valve	e: Manu. and Ty	pe			Set @	Ft.
18. I hereby certify that	t the foregoing i	s true and correct				
SIGNEDTIMENT	De projet	TITLE Ate	a Manager	_ DATE	7/20/83	
7	1	(This space for Fede	ral or State office use	:)		<u>, , , , , , , , , , , , , , , , , , , </u>
APPROVED BY		TITLE		DATE	_	•

CONDITIONS OF APPROVAL, IF ANY:

Post 10-3