

RECEIVED BY

MAR 20 1985

O. G. D.

ARTESIA OFFICE

UNITED STATES

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION

Drawer DD

Artesia, NM

88210

Form Approved.

Budget Bureau No. 42-R1424

5. LEASE

LC 05453

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

WEST LOCO HILLS GRB # 4 SD

8. FARM OR LEASE NAME

TRACT 5

9. WELL NO.

2

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

EDDY

13. STATE

NEW MEXICO

14. API NO.

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

3502'

(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. NAME OF OPERATOR YATES PETROLEUM CORP  
NEWMONT OIL COMPANY ✓

3. ADDRESS OF OPERATOR

P.O. BOX 1305 ARTESIA, NEW MEXICO 88210

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

AT SURFACE: 1650/N 2310/W

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON\* ☐

(other)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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'.

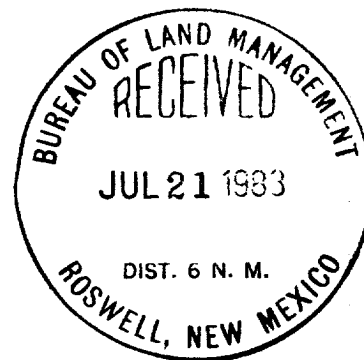
3-26-83 Tag @ 2590'. 50 sacks @ 2590'.

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: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED [Signature] 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: