

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE
88210 LC 062072

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
West Loco Hills GRS# 4 SD ut

8. FARM OR LEASE NAME
Tract 17

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Loco Hills (Q.G.SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
10-18-29

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3496

SUNDRY NOTICES AND REPORTS ON WELLS

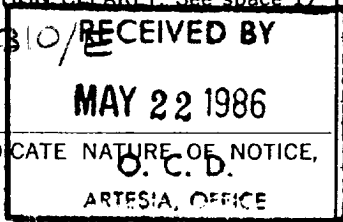
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☐ other ☒ WIW - TA

2. NAME OF OPERATOR
Gates 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: 990/N & 2310/E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:



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

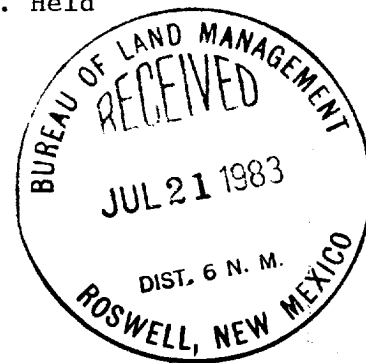
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

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

4-11-83 100 sacks @ 2575'.
4-12-83 Tag 2252'. Perforate 7" @ 900'. Could not pump into casing. Held 1300 PSI for 10 minutes.
4-12-83 50 sacks @ 950'. Perforate @ 370'.
4-12-83 Squeeze 50 sacks @ 370'.
4-13-83 Tag @ 258'. 15 sacks surface with marker.



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Ernest J. McLaughlin TITLE Area Manager DATE 7/20/83

(This space for Federal or State office use)

APPROVED BY 5-21-84 TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Post ID-2
11-18-83
PFA