

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
ARTESIA, NM 88210

Form approved.  
Budget Bureau No. 42 R1424  
5. LEASE DESIGNATION AND SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug bottom of existing reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> <b>WIW - SI AUG 6 1982</b>		7. UNIT AGREEMENT NAME <b>WEST LOCO HILLS GRB #4 SD</b>	
2. NAME OF OPERATOR <b>NEWMONT OIL COMPANY</b>		8. FARM OR LEASE NAME <b>TRACT 17</b>	
3. ADDRESS OF OPERATOR <b>P. O. BOX 1305 ARTESIA, NEW MEXICO 88210</b>		9. WELL NO. <b>6</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>990' FSL 330' FEL Sec. 10-18S-29E</b>		10. FIELD AND POOL, OR WILDCAT <b>LOCO HILLS (O. G. SA)</b>	
14. PERMIT NO.		12. COUNTY OR PARISH <b>EDDY</b>	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) <b>3495'</b>		13. STATE <b>NEW MEXICO</b>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

- Spot sufficient cement across producing interval to tie back to production string casing seat, or set bridge plug near casing seat and cap with 25 sack cement plug.
- Perforate base of salt @ 900' and squeeze with 50 sacks cement leaving 100' plug in casing.
- Perforate top of salt @ 398' and squeeze with 50 sacks cement leaving 100' plug in casing.
- Set 15 sack cement plug @ surface tying surface and production casing together.
- Erect permanent well marker

Note: (a). Your office will be notified 24 hrs. prior to operations  
(b.) All plugs will be verified  
(c.) Hole will be loaded between all plugs with 10# Mud  
(d) We do not plan to pull any casing

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

SIGNED *Peter W. Chester* TITLE Area Manager DATE 7/23/82

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY:

**AUG 4 1982**

FOR

JAMES A. GILHAUS  
DISTRICT SUPERVISOR

See Instructions on Reverse Side