- COMMISSION Drawer DD Form 9-331 Form Approved. Budget Bureau No. 42-R1424 Dec 1973 Artesia, NM UNITED STATES LC-062072 DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT NAME 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.) FARM OR LEASE NAME Tract 17 1. oil gas well WIWRECEIVED BY other well 9. WELL NO. 6 2. NAME OF OPERATOR Newmont Oil Company Ya 10. FIELD OR WILDCAT NAME 3. ADDRESS OF OPERATOR Loco Hills (QG-SA) P.O. Box 1305 Artesia, NM 88010C. D. 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION STEARLY See space AREA 10-18S-29E below.) AT SURFACE: 33**0/E** 990/S E 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: Eddy New Mexico AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3495 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** MAR 23 1 ABANDON* (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent proposed work. If well is directionally drilled, give substitute measured and true vertical depths for all markers and zones pertinent to this work.) pertinent dates, subsurfacieR (ACE ions and 2-1-83 25 Sack plug @ 2465'. 2-2-83 tag plug @ 2490'. 2-2-83 25 sack plug @ 2487'. 2-3-83 Tag plug @ 2060'. Perforate @ 900'. Squeeze 50 sacks @ 900'. Tag plug @ 739'. Perforate @ 398'. Squeeze 50 sacks @ 398'. Tag plug @ 225'. 15 sack surface plug. 2-7-83 NOTE: Hole was loaded with mud and all plugs were displaced with mud. Location ready for inspection

2-4-83

| Subsurface Safety Valve: Manu. and Type | Set @ | Ft. |
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| 18. I hereby certify that the foregoing is true and correct | | |
| SIGNED In Janey HILE Area Manager DATE | 3/22/83 | |
| | 429.87 | |
| CONDITIONS OF APPROVAL, IF ANY: | , | |

*See Instructions on Reverse Side