

454

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

LEASE

NM 02428

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

West Loco Hills GRB # 4 SD

8. FARM OR LEASE NAME

Tract 20

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

10-18s-29e

12. COUNTY OR PARISH

Eddy

13. STATE
New Mexico

14. API NO.

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

3515'

RECEIVED

APR 06 1983

O.C.D.
ARTESIA, OFFICE

RECEIVED

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

MAR 30 1983

CL & C

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 well ☐ gas well ☐ other ☒ WIW-TA

2. NAME OF OPERATOR

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:

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

990/W 330/W

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) ☐

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.)*

2-28-83 100 sacks @ 2521'.

3-1-83 Tag @ 2520'. 75 sacks at 2510'.

3-2-83 Tag @ 2320'.

3-3-83 Perforate @ 835'. 50 sacks of cement @ 835'. (Squeeze)

3-4-83 55 sacks @ 835'.

3-7-83 Tag @ 670'. Perforate @ 335'. 50 sacks of cement @ 335'. (Squeeze)

3-8-83 55 sacks @ 335'.

3-9-83 Tag @ 182'. 15 sacks of cement for top plug. Set dry hole marker

Location ready for inspection

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

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

SIGNED

TITLE

Area Manager

DATE

3/28/83

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Post ID-2
4-15-83
P+A