

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NOV 14 1983
O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
LC 056014

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
W.L.H.U. Grd #4 Sd Ut.

8. FARM OR LEASE NAME
Tract 8B

9. WELL NO.
4

10. FIELD AND POOL, OR WILDCAT
Loco Hills (O.G. SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 15-18-29

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

SUNDRY NOTICES AND REPORTS ON RECEIVED BY

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" 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 and in accordance with any State requirements. See also space 17 below.)
At surface
330' FNL 990' FWL Sec. 15-18-29

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)
3478'

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 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 checked="" 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.)

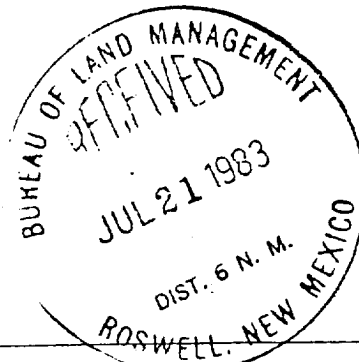
4/21/83...Spotted 120 sks cmt for bottomhole plug at 2583'. WOC.

4/22/83...Tagged bottomhole plug at 2553'. Spotted 50 sks cmt. Ran cmt basket. Spotted 50 sks cmt.

4/23/83...Tagged bottomhole plug at 2240'. Hole between 567' and 441'. Ran wireline. Perf. 4 shots at 890'. Set pkr at 567'. Squeezed 50 sks cmt.

4/25/83...Tagged plug at 783'. Perf. 4 shots at 315'. Spotted 50 sks cmt. WOC 5 hrs. Tagged at 230'. Set 15 sks cmt top hole plug. Installed P&A marker.

Location ready for inspection.



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 _____
CONDITIONS OF APPROVAL, IF ANY:

Post ID 2
15-18-83
P&A