

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN 3 COPIES
(one original and two copies)
Drawn DD

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 056014

6. IF INDIAN, ALLOTTEE OR TRIBE 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 "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ WIW - ~~XXX~~ TA AUG 4 1982

2. NAME OF OPERATOR

NEWMONT OIL COMPANY

3. ADDRESS OF OPERATOR

P. O. BOX 1305

ARTESIA, NEW MEXICO

O. C. D.
ARTESIA, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

990' FNL 2310' FEL

Sec. 15-18S-29E

7. UNIT AGREEMENT NAME

WEST LOCO HILLS GRB #4 SD UT

8. FARM OR LEASE NAME

TRACT 8D

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT
LOCO HILLS (Q. G. SA)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 15-18S-29E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3460' GL

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
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<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<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.)*

1. Pull tubing and packer
2. 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.
3. Perforate base of salt @ 900' and squeeze with 50 sacks cement leaving 100' plug in casing.
4. Perforate top of salt @ 380' and squeeze with 50 sacks cement leaving 100' plug in casing.
5. Set 15 sack cement plug at surface tying surface and production casing together.
6. 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

[Signature]

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 3 1982

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

See Instructions on Reverse Side