Form 9-331 (May 1963)	U TED STATES DEPARTMENT OF THE IN GEOLOGICAL SURV	TERIOR tening ) NN 08	JCATE• ON FC 3210 JCATE• Budget Bi JCATE• Budget Bi JCATE• Budget Bi S. LEABE DEBIGNATI	UTERD NO. 42-R1424. ION AND SERIAL NO.	
(Do not use this for	RY NOTICES AND REPORT for proposals to drill or to deepen o use "APPLICATION FOR PERMIT_" for	r plug back to a different reservoi	ir.	TTEE OR TRIBE NAME	
1. OIL GAB WELL WELL 2. NAME OF OPERATOR	) OTHER WIW - <b>SX</b>	TA SEP 2 1982	7. UNIT AGREEMENT WEST LOCO HI 8. FARM OR LEASE	LLS GRB #4 SD	
NEWMONT OIL 8. address of operator		<b>O. C</b> . <b>D</b> .	9. WELL NO.	<u>CT 21B</u> 6	
P. O. BOX 4. LOCATION OF WELL (REPU See also space 17 below. At surface	ort location clearly and in accordance w	IEXICO ART <b>SSE</b> , OFFICE ith any State requirements.*		10. FIELD AND POOL, OR WILDCAT LOCO HILLS (Q. G. SA)	
1650 FNL 924 FWL	. Sec. 18-18-30		BURVET OR AN	11. SEC., T., R., M., OR BLK. AND BURVET OR AREA Sec. 18-18-30	
14. PERMIT NO.	15. ELEVATIONS (Show wh 3512'	ether DF, MT, GR, etc.)	12. COUNTY OR PAR Eddy	IBH 18. BTATE New Mexico	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data					
NOTICE OF INTENTION TO: SUBSEQ			SUBSEQUENT REPORT OF:	UENT REPORT OF:	
TEST WATER SHUT-OFF Fracture treat	PULL OR ALTER CASING MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMEN	NT ALTERING		
SHOOT OR ACIDIZE		SHOOTING OR ACIDIZ	ZING ABANDON	4ENT*	
REPAIR WELL	REPAIR WELL CHANGE PLANS (Other)   (Other) (Normation of the second plation of the second plating second plation				
17 DURADURE UDADARED OF CO	MPLETED OPERATIONS (Clearly state all p ell is directionally drilled, give subsurfa	ertineut details and give pertine	nt dates, including estimated of	date of starting any	
casing seat, 3. Perforate ban plug in casiv 4. Perforate top plug in casiv 5. Set 15 sack o 6. Erect permano Note: (A.) (B.) (C.)	ent cement across produc or set bridge plug near se of salt @ ng. p of salt @a	casing seat and cap _and squeeze with 50 and squeeze with 50 s tying surface and pro tified 24 hrs. prior fied ween all plugs with	p with 25 sack ceme 0 sacks cement leaving sacks cement leaving oduction casing tog to operations.	ent plug. ving 100' ng 100'	
18. I hereby certify that the SIGNED	forefoing is true fid correct	Area Manager	7/2 DATE	3/82	
(This space for Federal APPROVED BY CONDITIONS OF APPR	d.) PETER W. CHESTER TITLE	9	DATE		
	FOR JAMES A. GILLHAM <b>*See Instru</b> DISTRICT SUPERVISOR	actions on Reverse Side			