Form 9-331 (May 1963)	[™] 'ITED STATE DEPARTM⊾NT OF THE		IN PLICATE	Form approved. Budget Bureau N LEASE DENIGNATION AND	
	GEOLOGICAL SU	RVEY	M 88210	LC 058 X 81	BERIAL NU.
•••	RY NOTICES AND REP rm for proposals to drill or to deepe Jee "APPLICATION FOR PERMIT_"	ORTS ON WELLS	5	IF INDIAN, ALLOTTEE OR	TRIBE NAME
1.				UNIT AGREEMENT NAME	
OIL GAS WELL WELL 2. NAME OF OPERATOR	OTHER WIW -	- \$XAUGTAL 1982		ST LOCO HILLS G FARM OR LEABE NAME	<u>RB #4 S</u> D L
NEWMONT B. ADDRESS OF OPERATOR	OIL COMPANY	0. C. D.		TRACT 1	1B
	OX 1305 ARTESIA. NE	W MERTESIA, OFFICE	In .	G	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)				10. FIELD AND POOL, OR WILDCAT	
At surface				DCO HILLS (Q. SEC., T., R., M., OR BLK. A SURVEY OR ARDA	G. SA)
1980' FSL & 660' FWL of Sec. 11, T-185, R-29E				Sec. 11-185-29E NMPM	
4. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)			12	12. COUNTY OF PARISH 18. STATE	
	35	09' GL		EDDY N	<u>EW MEXI</u> CO
16.	Check Appropriate Box To In	dicate Nature of Notic	ce, Report, or Othe	r Data	
NOT	ICE OF INTENTION TO:	1	SUBSEQUENT		
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SH	IUT-OFF	REPAIRING WELL	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE	TREATMENT	ALTERING CASING	
SHOOT OR ACIDIZE	ABANDON*		OR ACIDIZING	ABANDON MENT [®]	
REFAIR WELL CHANGE PLANS (Other) (Other) (Note: Report rest Completion or Pace			rE: Report results of m	its of multiple completion on Well apletion Report and Log form.)	
5. Erect permane Note: (a).		otified 24 hrs.	th 50 sacks ce d production c	ment leaving 1 asing together	00' plug
	Hole will be loaded b We do not plan to pul	etween all plugs	with 10# Mud		
				.3.2	х
÷	-		tinanan ar Ar an an Ar an	in and a second se	
8. I hereby certify that the SIGNED	foreging is true and correct	Area Manago		DATE 7/23/82	?
(This space for Federal	}	чт та			<u> </u>
۴(d.) <u>PETER W. CHIPSTER</u> TIT DVAL, IF ANY: AUG 3 1982 DR		J.	DATE	
	JAMES A. GILLHAAN *See Ins ISTRICT SUPERVISOR	tructions on Keverse Si	de		

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