

C/SF

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OCT 2 - 1985

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE
(Other instructions on re-
turn of forms.)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC-058481

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.)

1. ARTESIA, OFFICE

OIL WELL ☐ GAS WELL ☐ OTHER ☐

WIW - ~~PA~~ PKA

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

1980' FSL & 660' FWL of Sec. 11, 18S-29E.

14. PERMIT NO.

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

3509' GL

12. COUNTY OR PARISH

13. STATE

Eddy

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 ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☒

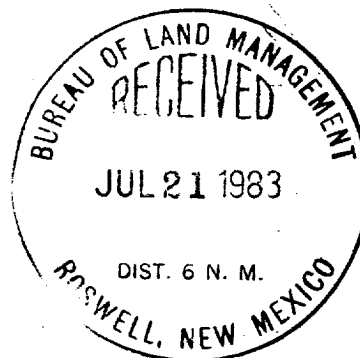
(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

5/1/83..Spotted 50 sks cmt w/2% CalClWOC. Tagged plug at 2245'. Perf and squeezed 50 sks of cement at 1000'.

5/3/83...Tagged plug at 885', perf at 400'. Squeezed 50 sks cmt. WOC. Tagged plug at 290'. Set 15 sk cmt plug and dry hole marker.

Location ready for inspection



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

SIGNED

TITLE

Area Manager

DATE 7/20/83

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

9-30-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side