

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CORP. PERMIT NO. 88210
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

c/5F

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW - SX TA		AUG 4 1982	
2. NAME OF OPERATOR NEWMONT OIL COMPANY		O. C. D.	
3. ADDRESS OF OPERATOR P. O. BOX 1305 ARTESIA, NEW MEXICO		ARTESIA OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 1980' FWL of Sec. 11-T18S-R29E		9. WELL NO. 10	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3514' GL	
5. LEASE DESIGNATION AND SERIAL NO. LC 058881		7. UNIT AGREEMENT NAME WEST LOCO HILLS GRB #4 SD U	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME		8. FARM OR LEASE NAME TRACT 11	
10. FIELD AND POOL, OR WILDCAT LOCO HILLS (G. SA)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11-T18S-R29E NMPM	
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	<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 checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

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 type="checkbox"/>
(Other)			

(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 @ 950' and squeeze with 50 sacks cement leaving 100' plug in casing.
4. Perforate top of salt @ 498' 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 Ernest J. McFarland TITLE Area Manager DATE 7/23/82

(This space for Federal or State use)

APPROVED BY (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