

**NO. 1 WELL DISTRICT COPY**  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.  
(D. LEASE DESIGNATION AND SERIAL NO.)

LC 058881

**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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW - 8X TA		7. UNIT AGREEMENT NAME WEST LOCO HILLS GRB #4 SD UT	
2. NAME OF OPERATOR NEWMONT OIL COMPANY		8. FARM OR LEASE NAME TRACT 11	
3. ADDRESS OF OPERATOR P. O. BOX 1305 ARTESIA, NEW MEXICO		9. WELL NO. 11	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FNL & 1650' FWL of Sec. 11		10. FIELD AND POOL, OR WILDCAT LOCO HILLS (Q. G. SA)	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3512' GLM	
		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	

RECEIVED BY  
MAY -1 1987  
88210  
D.  
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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 @ 935' and squeeze with 50 sacks cement leaving 100' plug in casing.
4. Perforate top of salt @ 455' 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.

JUL 20 1982  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

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

SIGNED <i>[Signature]</i>	TITLE Area Manager	DATE 7/23/82
(This space for Federal or State office use)		
APPROVED BY <i>[Signature]</i>	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY: AUG 5 1982 FOR JAMES A. GILLHAM DISTRICT SUPERVISOR		

See Instructions on Reverse Side

Post ID-2  
5-8-82  
P+A