

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☐ other ☒ WTW- TA

2. NAME OF OPERATOR

~~Newmont Oil Company~~ Yates Pet Corp

3. ADDRESS OF OPERATOR

P.O. Box 1305 Artesia, NM 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE:

AT TOP PROD. INTERVAL: 175/8 @ 1500/E

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

☐
☐
☐
☐
☐
☐
☐
☒

88210 LEASE

LC 062072

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

West Loco Hills GRB # 4 SDU

8. FARM OR LEASE NAME

Tract 17

9. WELL NO.

11

10. FIELD OR WILDCAT NAME

West Loco Hills (Q. G. SA.)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

10-186-29E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

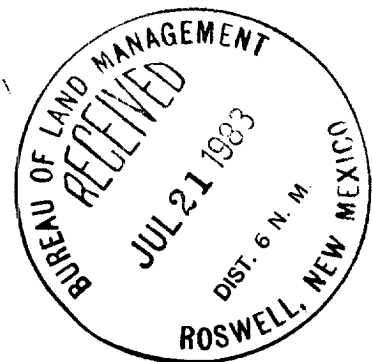
15. ELEVATIONS (SHOW DF, KDB, AND WD)

3476' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.) 2-8-83 Set CIBP @ 2510'.
- 2.) 2-8-83 Pump 25 sacks of cement to 2500'.
- 3.) 2-9-83 25 sacks @ 1900'.
- 4.) 2-10-83 Tag @ 1608'.
- 5.) 2-10-83 25 sacks @ 1260'.
- 6.) 2-11-83 Tag @ 938'.
- 7.) 2-12-83 Perforate @ 880'.
- 8.) 2-12-83 50 sacks @ 880'.
- 9.) 2-14-83 Tag @ 682'.
- 10.) 2-14-83 Perforate @ 370'.
- 11.) 2-14-83 Circulate 98 sacks to surface.



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Ernest J. McLaughlin TITLE Area Manager DATE 7/20/83

(This space for Federal or State office use)

APPROVED BY West Adam TITLE Area Manager DATE 4-29-87

CONDITIONS OF APPROVAL, IF ANY:

Post IO-2
12-2-83
PVA