	~			c/5F
Form 9-331 (May 1963)	, VITED STATES		NH OIL CONS IN VIES	Rudget Russen No. 49 D1494
		ENT OF THE INTE		U. LEASE DESIGNATION AND BERIAL NO.
	GE	OLOGICAL SURVEY		<u>LC 056014</u> 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SL	INDRY NOTIC	ES AND REPORT	S ON WELLS	
(Do not use t	his form for proposals Use "APPLICATI	s to drill or to deepen or pl ON FOR PERMIT—" for su	lug back to a different reservoir. ch proposals.)	
		<u></u>	PECTUR	7. UNIT AGREEMENT NAME
WELL WEL		WIW - SXX	X TA RECEIVED	WEST LOCO HILLS GRB #4 SD 8. FARM OR LEASE NAME
NEWMONT OIL COMPANY V			AUG 4 1000	TRACT 8B
				9. WELL NO.
<u> </u>	). BOX 1305	ARTESIA, NEW MI	EXICO (82210)	10. FIELD AND POOL, OR WILDCAT
P. O. BOX 1305 ARTESIA, NEW MEX LOCATION OF WELL (Report location clearly and in accordance with an See also space 17 below.) At surface			ARTESIA, OFFICE	LOCO HILLS (0. G. SA)
				11. SDC., T., R., M., OR BLK. AND SURVEY OF AREA
1310' FN	IL & 10' FWL	Sec. 15-18S-29E		Sec. 15-18S-29E
14. PERMIT NO.		15. ELEVATIONS (Show whether	er DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
		3498' GL		EDDY NEW MEXIC
16.	Check Appr		e Nature of Notice, Report, c	
	NOTICE OF INTENTIO	•		BEQUENT REPORT OF:
TEST WATER SHU		L OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT		LTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CABING
SHOOT OR ACIDIZE	ABA	NDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	СНА	NGE PLANS	(Other)	sults of multiple completion on Well
(Other)		LIONS (Clearly state all pert	I Completion or Reco	ompletion Report and Log form.) ates, including estimated date of starting any rtical depths for all markers and sones perti-
casing se 2. Perforate in casing 3. Perforate in casing	at, or set br base of salt top of salt	idge plug near o t@ <u>895'</u> and s @ <u>357'</u> an	casing seat and cap w squeeze with 50 sacks nd squeeze with 50 sac	ck to production string ith 25 sack cement plug. cement leaving 100' plug cks cement leaving 100' plug
	ick cement plu manent well m		ig surface and produc	tion casing together.
(b (c	.) All plugs .) Hole will	will be verifie	en all plugs with 10	
			an annan	/iiii //iiii //iiiiiiiiiiiiiiiiiiiiiii
÷				andra († 1997) 1990 - Standard († 1997) 1990 - Standard († 1997) 1990 - Standard († 1997)
10 Y L		up and correct		
18. I hereby certify th SIGNED	it f M2	may all title _	Area Manager	DATE 7/23/82
	eferat or State office of			
APPROVED BY	ig. Sgd.) PETER APPROVAL, IF ANY AUG	<u>w. chest</u> er <sub>title</sub> _ 3 <b>198</b> 2		DATE
	FOR			
	JAMES A. ( DISTRICT SU	GILLHAM*See Instructi PERVISOR	ons on Reverse Side	