

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 ☐ WIW - TA

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. See space 17 below.)
AT SURFACE: 1310/N & 10/W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

5. LEASE
LC 056014

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
West Loco Hills GRB # 4 SD

8. FARM OR LEASE NAME
Tract 8B

9. WELL NO.
6

10. FIELD OR WILDCAT NAME
Loco Hills (Q.G.S.A.) O. C. D.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
15-18S-29E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3498' GL

RECEIVED BY

OCT 18 1965

ARTESIA OFFICE

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

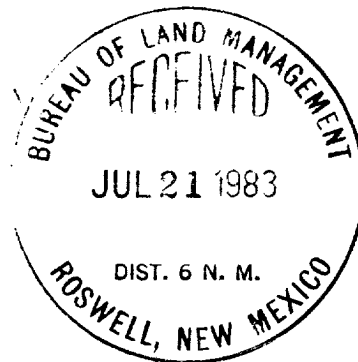
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(other)

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.)*

2-23-83 4½" CIBP set @ 2480'.
2-23-83 15 sacks of cement @ 2470'.
2-24-83 Perforate @ 895'.
2-24-83 Squeeze 50 sacks @ 895'.
2-25-83 Tag.
2-25-83 Perforate @ 357'.
2-25-83 Circulate to surface 105 sacks of cement.



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 Don Wood TITLE Area Manager DATE 10-15-85

CONDITIONS OF APPROVAL, IF ANY

Post ID-2
12-2-83
P+A