Form 9-331 (Mny 1963)	D:	oil cons. com er dd Mealthof bri			RIPLICATE®	Form appr Budget Bu	reau No. 42-R1424.
		GEOLOGICAL S		OK verne mide)		5. LEASE DESIGNATION NM 02426	
		TICES AND RI		ON WELLS ack to a different rese oposals.)	rvoir.	6. IF INDIAN, ALLOT	
1. OIL GAS	_	.171		RECEIVED		7. UNIT AGREEMENT	
2. NAME OF OPERATO		wru		ra		WEST LOCO HIL 8. FARM OR LEASE N	
NEWMONT OIL COMPANY AUG 6 1982						TRACT 19B	
P. O. BOX 1305 ARTESIA, NEW MEXICO C88210 1. Location of Well (Report location clearly and in accordance with any SARTESIA) PERIOD						9. WELL NO.	7
. Dec aino space II	(Report location below.)	clearly and in accords	nce with any S	ARTESIA) - OFFICE		10. FIELD AND POOL,	OR WILDCAT
10' FNL & 1400' FEL Sec. 9-18S-29E						LOCO HILLS (O. G. SA) 11. BEC., T., E., M., OR BLK. AND SURVEY OR AREA	
						Sec. 9-18S-29E	
14. PERMIT NO.		15. ELEVATIONS (Sh	ow whether DF,	RT, GR, etc.)	-	12. COUNTY OR PARIS	SH 18. STATE
			3508 GR			EDDY	NEW MEXIC
6.			Indicate No	ature of Notice, R	eport, or O	ther Data	
	NOTICE OF INTE				SUBSEQU:	ENT REPORT OF:	
FRACTURE TREAT	T-OFF	PULL OR ALTER CASING MULTIPLE COMPLETE	;	WATER SHUT-OF FRACTURE TREAT		REPAIRING	
SHOOT OR ACIDIZE		ABANDON*	XX	SHOOTING OR AC		ALTERING ABANDONM	[]
REPAIR WELL (Other)		CHANGE PLANS		(Other)	Port results	of multiple completion	n on Well
7. DESCRIBE PROPOSER		ERATIONS (Clearly state on ally drilled, give su	e all pertinent bsurface location	Completion details, and give performs and measured and	or Recomple	tion Report and Log f	orm.)
casing se 2. Perforate in casing 3. Perforate in casing 4. Set 15 sa	at, or set base of sa top of sal	otrage plug i ilt @ <u>860'</u> it @ 395' olug @ surface	near casi and sque and s	nterval to to ng seat and c eze with 50 s queeze with 5 urface and pr	cap with sacks cer 50 sacks	25 sack ceme ment leaving cement leavi	nt plug. 100' plug ng 100' plug
(b	.) All plu .) Hole wi	gs will be ve	rified between i	24 hrs. prio all plugs wit asing			
trough	the lu	able to	+ of c	ating	g sa g maa	202	
		put pl				38 2 - [
3. I hereby certify the	t the foregoing is	trug and correct					
SIGNED	H J 11/2	Jonagell T	ITLEA	iea Manager			/23/82
(This space for Fe	lerat or State offic	Cal g		A			
APPROVED (Prig.	Sgd.) PETER PPROVAL, IF AI AUG	W. CHESTER ™ 5 19 82	ITLE			_ DATE	·
	FOR JAMES A DISTRICT S	. GILLHAM+See I	nstructions o	n Reverse Side			