

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC 063559

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 GAS WELL OTHER WIW to oil well

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 and in accordance with any State requirements.*
See also space 17 below.)
At surface
1650' FSL & 1980' ^{Furl} FRL of Sec. 17; T-18S; R-32E

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.) _____

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME
Young Unit

8. FARM OR LEASE NAME _____

9. WELL NO.
10

10. FIELD AND POOL, OR WILDCAT
Young Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17-18S-32E NMPM

12. COUNTY OR PARISH
Lea 13. STATE
New Mexico

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(Other) _____

(Other) Convert from WIW to producing

(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.)*

We propose to take this well off injection and return to producing as follows:

Pull packer, perforate from 3740-45, run packer and production equipment and put well on production.

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

SIGNED Hermon D. Leavelle TITLE Division Superintendent DATE 1/15/70

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JAN 19 1970

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side