

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN ORIGINAL FORM
(Attach instructions
reverse side)

Form of Form
No. 42 H-21
U.S. DEPARTMENT OF THE INTERIOR
10-00-175-A

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**

2. NAME OF OPERATOR
NEWMONT OIL COMPANY

3. ADDRESS OF OPERATOR
P. O. BOX 1305, ARTESIA, NEW MEXICO 80210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2910' FNL & 2910' FEL of Sec. 17;T-18-S;R-32-E

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

6. NAME OF DRILLING NAME
YOUNG UNIT

7. NAME OF DRILLER NAME
YOUNG UNIT

8. WELL NO. _____

9. COUNTY OR PARISH
DOÑA

10. STATE
NEW MEXICO

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBJECT MATTER REPORT ON:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	ABANDONING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ABANDONING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" 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) _____	

(Note: Report results of min. 48 sample(s) on Well
(Completion of report to be in copy of log being)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent notes, 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 acidize with 1200 gallons 15% regular acid and return well to injection.

18. I hereby certify that the foregoing is true and correct
 SIGNATURE *Arthur R. Brown* TITLE **Division Superintendent** DATE **2-10-70**

APPROVED BY _____ TITLE _____
 CONDITIONS OF APPROVAL, IF ANY:

APPROVED
FEB 12 1970
AR
ARTHUR R. BROWN
DISTRICT ENGINEER

*See instructions on Reverse Side