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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-2023-8	

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- WEL		7. Unit Agreement Name
2. Name of Operator Newmont Oil Company		8. Farm or Lease Name West Loco Hills Unit
3. Address of Operator Room 303, First National Bank Building, Artesia, New Mexico		9. Well No. Tract 24 Well No. 2
4. Location of Well UNIT LETTER M 330 FEET FROM THE South LINE AND 990 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 17-S RANGE 29-E NMPM.		10. Field and Pool, or Wildcat Loco Hills
15. Elevation (Show whether DF, RT, GR, etc.) 3548 GR		12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>
		Acidize	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

12-9-64

Clean out to 2684 and acidize with 500 gallons 15% regular acid and return to injection.

Injection for first five days averaged 605 Bbls. at 1325 PSI.

RECEIVED

FEB 18 1965

O. C. C.
ARTESIA, OFFICE

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>H. J. LEDBETTER</u>	TITLE <u>Division Superintendent</u>	DATE <u>February 15, 1965</u>
APPROVED BY <u>M. L. Armstrong</u>	TITLE <u>SEAL HAS IMPROVED</u>	DATE <u>FEB 18 1965</u>
CONDITIONS OF APPROVAL, IF ANY:		