

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TR. CATE*
(Other instructio on re-
verse side)

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

LC 047269 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1270' FNL & 1370' FWL of Sec. 7; T-18S, R-30E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME
W. LOCO HILLS G. 4S. UT

8. FARM OR LEASE NAME
TRACT 1

9. WELL NO.
7

10. FIELD AND POOL, OR WILDCAT
LOCO HILLS

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 7-18S-30E - NMPM

12. COUNTY OR PARISH
Eddy

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"/>	FULL 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 checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)*

Well was acidized as follows:

6-21-68 Clean out to 2835'

6-22-68 Rig up and pump 1000 gals 15% reg. acid and 5 gals Visco 1111 down tubing and into formation. Shut in well

6-23-68 Return well to injection

Injection increased from 200 BWPD at 1250 psi to 600 BWPD at 1250 psi

RECEIVED

SEP 23 1968

E. C. C.
ARTESIA, OFFICE

RECEIVED

SEP 19 1968

U. S. GEOLOGICAL SURVEY
ARTESIA, N. M.

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

SIGNED L. M. DeLoatch TITLE Division Superintendent DATE 9/16/68

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

SEP 20 1968

R. L. DEERWAIN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side