

NMOCC COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN THE ORIGINAL
(OTHER INSTRUMENTS
VARIABLES)

Copy to St
INDEXED
INDEXED No. 42-11424
SERIES AND SERIAL NO.

LC-050429(b)

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.)

RECEIVED

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 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
990' FSL & 2310' FWL of Section 12

7. UNIT AGREEMENT NAME
West Loco Hills Grb #4 Sd Ut.

8. FARM OR LEASE NAME
Tract 4

9. WELL NO.
2

10. FIELD AND POOL OR WILDCAT
Loco Hills (S.S.A)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 12, T18S, R29E NMPM

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3504' GR.

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) Repair of Tubing Leak <input checked="" 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.)*

4-14-78 -- We moved pulling unit on well and pulled tubing, locating hole 1 joint down, joint was replaced, tubing reran and well returned to injection.

RECEIVED
APR 19 1978
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED *Ernest J. McLaughlin* TITLE Office Manager DATE 4/18/78

(This space for Federal or State office use)

APPROVED BY *John S. Lane* TITLE ACTING DISTRICT ENGINEER DATE APR 25 1978

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side