U'TED STATES

N. M. O. C.

Form 9-331 (May 1963) SUBMIT IN TRIE 'ATE' Form approved. Budget Bureau No. 42-R1424. DEPARTME... OF THE INTERIOR (Other Instruction verse side) 5. LRASE DESIGNATION AND BERIAL NO. GEOLOGICAL SURVEY LC 060325 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.) 7. UNIT AGREEMENT NAME WELL WELL OTHER WIW NAME OF OPERATOR 8. FARM OR LEASE NAME NEWMONT OIL COMPANY LEONARD "E" ADDRESS OF OPERATOR 9. WELL NO. P. O. BOX 1305, ARTESIA, NEW MEXICO 88210 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface 10. FIELD AND POOL, OR WILDCAT SQUARE LAKE 11. SEC., T., B., M., OR BLK. AND SURVEY OR ARMA 1980 FSL & 1980 FEL of Sec. 33, 16S, R30E Sec. 33-16S-30E NMPM 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH | 13. STATE Eddv New Mexico 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING SHOOT OR ACIDIZE ABANDON* ABANDONMENT* REPAIR WELL CHANGE PLANS (Other) (NOTE: Report results of multiple completion on Completion or Recompletion Report and Log form.) (Other) 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 perti-This well was acidized as follows: 10-24-70: Clean out to 2985'. 10-25-70: Pump 500 gals 15% reg. acid down tbg and put well on injection slow rate. 10-26-70: Return well to injection. Injection first five days averaged 230 bbls @ 1800 psi RECEIVED NOV 2 **5** 1970 ALC

18. I hereby certify that the foregoing is true and correct Division Superintendent 11/17/70 TITLE DATE (This space for Federal or State office use) APPROVED BY DATE CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD PURPOSES

*See Instructions on Reverse Side

ACTIT Date

District Engineer