

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)

ATE*

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

LC 063926

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> W.I. W. | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR NEWMONT OIL COMPANY | 8. FARM OR LEASE NAME GEO. ETZ. |
| 3. ADDRESS OF OPERATOR P. O. BOX 1305, ARTESIA, NEW MEXICO | 9. WELL NO. 8 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' FWL of Sec. 35; T-16S, R-30E | 10. FIELD AND POOL, OR WILDCAT SQUARE LAKE |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) |
| 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:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☒(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(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.)*

This well was acidized as follows:

6-10-68 Clean out with sand pump to 3183'

6-11-68 Rig up and pump 1000 gals of 15% reg. acid and 5 gals Visco 1111 into formation. Shut well in 10 mins.

6-12-68 Return well to injection

Injection rate increased from 10 BWPD before treatment to 129 BWPD after treatment.

RECEIVED

SEP 17 1968

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICORECEIVED
SEP 17 1968
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

Herman Ledwith

TITLE Division Superintendent

DATE 9/1/68

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

SEP 17

R. L. DEAN

*See Instructions on Reverse Side