

Copy to 82

SUNDAY NOTICES AND REPORTS ON WELLS

For use in connection with proposals to drill or to deepen or plug back to a different reservoir
the well (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 **1980' FNL & 1980' FEL of Section 30**

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3833' GLM

7. COUNTY OF PLACE (Well)
ESPERANZA

8. NAME OF WELL NAME
Vickers

9. WELL NO.
3

10. LOCATION OF WELL AT
STATE LAKE (G.S.)

11. COUNTY OF PLACE (Well)
Eddy

12. STATE
NM

13. COUNTY OF PARISH
Eddy

14. COUNTY OF PARISH
Eddy

18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBJECT TO THE OUT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	ABANDONING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	REPAIRING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	TEMPORARY ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Temporary Abandonment</u>	
(Other) _____		(NOTE: Report results of a permit to alter or Well Completion or Reopening of a well.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of completion, pertinent to this work.) *

We request an extension of approval for Temorary Abandonment for one year.
This property is under study for tertiary recovery operations.

RECEIVED
U.S. BUREAU OF LAND SURVEY
ARTESIA, N.M.

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

SIGNED [Signature] TITLE Office Manager DATE 9/29/78

(This space for Federal or State office use.)

APPROVED BY [Signature] TITLE ACTING DISTRICT ENGINEER DATE OCT - 3 1978

CONDITIONS OF APPROVAL, IF ANY: