

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

TE* re-
SUBMIT IN TRIPI
(Other instruction
verse side)

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

LC 065561

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Johnson

9. WELL NO.

17

10. FIELD AND POOL, OR WILDCAT

Loco Hills

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 34-16S-31E NMPM

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

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 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2310' FNL & 1980' FEL of Sec. 34; T16S; R31E

14. PERMIT NO.

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

4027 DF

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* ☐

Shut in

(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 perti-
nent to this work.)*

On March 2, 1970 this well was shut in for crossflood study

RECEIVED

MAR 20 1970

G. E. G.
ARTESIA, OFFICE

RECEIVED

MAR 13 1970

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

SIGNED

James L. Smith

TITLE Division Superintendent

DATE 3/16/70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD PURPOSES
MAR 19 1970
ACTING
District Engineer

*See Instructions on Reverse Side