

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TR. DATE  
(Other instructions on re-  
verse side)Form approved,  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 028936 G

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

Loco Hills Flood

8. FARM OR LEASE NAME

Brigham

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Loco Hills (O.G.SA)

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

Sec 31, T17S, R30E NMPM

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

1. OIL ☐ GAS ☐ OTHER ☒ WIW

RECEIVED

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 surfaceO.C.C.  
ARTESIA, OFFICE

330' FSL &amp; 990' FEL of Section 31

14. PERMIT NO.

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

3553' GLM

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) Temporarily Abandon ☒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.)\*

Injection was discontinued in this well April 30, 1976. We intend to temporarily abandon this well and hold for possible tertiary recovery now under study.

RECEIVED  
MAY 14 1976  
B. L. BEEKIWAY  
ACTING DISTRICT ENGINEER

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

SIGNED

*Ernest J. McLaughlin*

TITLE Office Manager

DATE May 14, 1976

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED  
MAY 14 1976  
B. L. BEEKIWAY  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side