

Mr. W. D. G. C. D.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

LC-028936 (G)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for any well to be plugged or to deepen or plug back to a different reservoir.
See APPLICATION FOR PERMIT for such proposals.)

RECEIVED

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW		7. UNIT AGREEMENT NAME LOCO HILLS FLOOD	
2. NAME OF OPERATOR HEWMONT OIL COMPANY		8. FARM OR LEASE NAME Brigham	
3. ADDRESS OF OPERATOR P.O. Box 1305, Artesia, New Mexico 88210		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FSL & 990' FEL of Section 31		10. FIELD AND POOL, OR WILDCAT LOCO HILLS (Q.G.SA)	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 31-17S-30E NMPM	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3579' GLM		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Temporary Abandonment	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
(Other) <input type="checkbox"/>			

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.)*

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

ED

U.S.
ARTESIA

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

SIGNED <i>[Signature]</i>	TITLE Office Manager	DATE 9/29/78
(This space for Federal or State office use)		
APPROVED BY <i>[Signature]</i>	TITLE ACTING DISTRICT ENGINEER	DATE OCT - 3 1978
CONDITIONS OF APPROVAL, IF ANY:		

UNLESS FURTHER APPROVED, WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY
APRIL OCTOBER 1 OCT 1 - 1979

*See Instructions on Reverse Side