

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instruction
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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR NEWMONT OIL COMPANY		8. FARM OR LEASE NAME Brigham	
3. ADDRESS OF OPERATOR P. O. BOX 1305, Artesia, New Mexico		9. WELL NO. 5	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1325' FSL and 990' FEL of Sec. 31; T-17S; R-30E		10. FIELD AND POOL, OR WILDCAT Loco Hills	
14. PERMIT NO.		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 31-17S-30E NMPM	
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.)*

We propose to acidize well with 1250 gals 15% acid and return well to production

RECEIVED

RECEIVED
MAR-41988
U. S. GEOLOGICAL SURVEY
ARTESIA, N. M.

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

SIGNED

TITLE Division Superintendent

DATE 2/26/68

(This space for Federal or State office use)

APPROVED BY

COMMISSIONER OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
MAR - 3 1968
R. L. B. JAM
ACTING DISTRICT SUPERVISOR

*See Instructions on Reverse Side