

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(other instructions on
reverse side)Coyne 65F
Approved
District Bureau No. 42 11424
CLASS DESIGNATION AND SERIAL NO.

LC 028936 G

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW		RECEIVED MAY 19 1976 D. B. C. ARTESIA, OFFICE	7. UNIT AGREEMENT NAME Loco Hills	
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. 4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1320' FSL & 5' FEL of Section 31.			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	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3567' 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Temporarily Abandon. XXX		(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

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

SIGNED

Ernest J. McLaughlin

TITLE

Office Manager

DATE

May 14, 1976

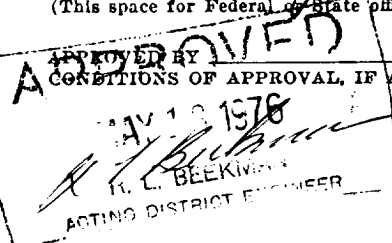
(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE



*See Instructions on Reverse Side