	~	<b>进业公益条款</b>			
Form 9-301 - May 1963)	U TED STATES SUBMIT IN TR CATE*  DEPARTMENT OF THE INTERIOR (Other instruction on reconstruction)		tic on re- i Budge	Form approved. Budget Bureau No. 42 R1424. 5. LEASE DESIGNATION AND SERIAL NO.	
•	GEOLOGICAL S	URVEY		LC_060905_(3)	
	UNDRY NOTICES AND RE			LLOTTEE OR TRIBE NAME	
1.			7. UNIT AGREEM	ENT NAME	
WELL GAS	LL GTHER WIW	· · · · · · · · · · · · · · · · · · ·		HILLS G. 4S. Ut	
2. NAME OF OPERATO	<i></i>	$\hat{Y}_{ij}^{A}$	8. FARM OR LEATER		
NEWMONT OIL COMPANY / 3. ADDRESS OF OPERATOR				<u>''</u>	
	. O. BOX 1305, ARTESIA,		2	<u> </u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)				POOL, OR WILDCAT	
At surface				HILLS M., OR BLE. AND	
	330' FNL & 2310' FWL of	Sec. 1; T-18S; R-29E	SURVEY	OR AREA	
330 THE 6 2310 THE 6. COOK TY THOU, WEST				-185-29E NMPM	
14. PERMIT NO.	15. ELEVATIONS (Sh	ow whether DF, RT, GR, etc.)	12. COUNTY OR	PARISH 13. STATE	
			Eddy	New Mexico	
.6.	Check Appropriate Box To	Indicate Nature of Notice, R	leport, or Other Data		
	NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF;		
TEST WATER SH	UT-OFF PULL OR ALTER CASING	WATER SHUT-O	FF REP	AIRING WELL	
FRACTURE TREAT		FRACTURE TREA	<del></del> ,	CRING CASING	
SHOOT OR ACIDIZ	E XX ABANDON* CHANGE PLANS	SHOOTING OR A	CIDIZING	DONMENT*	
(Other)	CHANGE PLANS	(Note: R	Report results of multiple compon or Recompletion Report and	pletion on Well	
17. describe propose	ED OR COMPLETED OPERATIONS (Clearly stat	te all pertinent details, and give per	rtinent dates, including estima	ted date of starting any	
nent to this wo	. If well is directionally drilled, give surk.) *	bsurface locations and measured an	d true vertical depths for all	markers and zones perti-	
		1 700			
We pr	opose to acidize well win	th 500 gals 15% reg.	acid and return we	il to injection	
			- -		
				40	
		RESER	3 4		
		REGEI	V E O	Pau 822	
		00~		13/30 SURVA	
		001 1 7 7	383 13 101	" STEXICE	
		_ D, 70	. ಆಲಿ	Sold MEM	
	/	ARTEE A. OFF	J. S. K.	15 968 SURVES	
8. I hereby certify	that the foregoing is true and correct		AX.		
SIGNED	min Hidlutter	TITLE Division Super	intendent DATE	9/18/68	
(This space for I	rederal or State office use)				

\*See Instructions on Reverse Side

DATE \_\_\_