

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

LC-051102 (b)

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.  
(See Application for Permit-1 for such proposals.)

1. OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> WELL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		<b>RECEIVED</b>  OCT 4 1978  D. C. C. ARTESIA, OFFICE		7. UNIT AGREEMENT NAME LOCO HILLS FLOOD	
2. NAME OF OPERATOR NEWMONT OIL COMPANY				8. FARM OR LEASE NAME Ballard "B"	
3. ADDRESS OF OPERATOR P.O. Box 1305, Artesia, New Mexico 88210				9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  330' FNL & 2310' FEL of Section 1				10. FIELD AND POOL, OR WILDCAT LOCO HILLS (Q.G.SA)	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1-18S-29E NMPM	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3557' 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	
(Other)		(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 request an extension of approval for Temporary Abandonment for one year.  
This property is under study for tertiary recovery operations.

ED  
U.S. E  
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, 1979

\*See Instructions on Reverse Side