

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.Copy to  
57.

## 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW   |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>LC 051102-B                      |
| 2. NAME OF OPERATOR<br>NEWMONT OIL COMPANY   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                    |
| 3. ADDRESS OF OPERATOR<br>P. O. BOX 1305, ARTESIA, NEW MEXICO 88210  |  | 7. UNIT AGREEMENT NAME  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>330' FNL & 990' FEL of Sec. 1; T-18S, R-29E |  | 8. FARM OR LEASE NAME<br>BALLARD "B"                                    |
| 14. PERMIT NO.   |  | 9. WELL NO.<br>3  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)   |  | 10. FIELD AND POOL, OR WILDCAT<br>LOCO HILLS                            |
|  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 1-18S-29E NMPM |
|  |  | 12. COUNTY OR PARISH<br>Eddy  |
|  |  | 13. STATE<br>New Mexico   |

16.

## Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

|  |   |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |

(Other) Convert to WIW

## SUBSEQUENT REPORT OF:

|  |  |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |

(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 propose to convert this well to injection by cleaning well out to TD 2771'. Water will be injected down 7" casing into the open hole interval from 2632' to 2771'.

This work approved by New Mexico Oil Conservation Administrative Order WFX 335

RECEIVED

APR 13 1970

D. B. C.  
ARTESIA, OFFICERECEIVED  
APR 9 - 1970  
U. S. GEOLOGICAL SURVEY  
APR 10 1970

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

SIGNED

*Harmon J. Reed*

TITLE

Division Superintendent

DATE

2/16/70

(This space for Federal or State office use)

APPROVED

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

F. L. BEEKMA

\*See Instructions on Reverse Side