

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. D. C. C. COPY
SUBMIT IN 1 LOCATE*
(Other instructions on reverse side)

Copy to AS
Form approved.
Budget Bureau No. 42-R1424.

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"/> 2. NAME OF OPERATOR NEWMONT OIL COMPANY ✓ 3. ADDRESS OF OPERATOR P.O. Box 1305, Artesia, New Mexico 88210 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FNL & 990' FEL of Section 1 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3542' GLM		5. LEASE DESIGNATION AND SERIAL NO. LC-051102(b) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME LOCO HILLS FLOOD 8. FARM OR LEASE NAME Ballard "B" 9. WELL NO. 3 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 12. COUNTY OR PARISH Eddy 13. STATE New Mexico
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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) Temporary Abandonment <input checked="" type="checkbox"/>	

* (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.)*

SI 2-72

We request an extension of approval for Temporary Abandonment for one year.
This property is under study for tertiary recovery operations.

RECEIVED
OCT 22 1975
O. C. C.
ARTESIA, OFFICE

RECEIVED
SEP 11 1975
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED [Signature] TITLE Office Manager DATE 9-11-75

(This space for Federal or State office use)

APPROVED BY
OCT 28 1975
[Signature]
[Signature]
[Signature]

CONDITIONS OF APPROVAL, IF ANY:
UNLESS FURTHER APPROVED, WELL MUST BE PUT TO BENEFICIAL USE OR PLUGGED BY APRIL 1, 1976
*See Instructions on Reverse Side