

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRI. DATE\*  
(Other instructions on re-  
verse side)

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW		<b>RECEIVED</b>  DEC 5 1974  O-G-C ARTESIA, OFFICE
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  990' FNL & 1650' FEL of Section 1		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	

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. 4
10. FIELD AND POOL, OR WILDCAT Loco Hills
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1-18S-29E NMPM
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 <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.)\*

This well shut in April 1966 due to economic limit. We intend to temporarily abandon this well and hold for possible tertiary recovery, under study during the next two years.

**RECEIVED**

OCT 29 1974

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED Charles C. Jorg TITLE Superintendent DATE 10-28-74  
(This space for Federal or State office use)

APPROVED  
DEC 4-1974  
H. L. BEEKMAN  
ACTING DISTRICT ENGINEER

TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
UNLESS FURTHER APPROVED, WELL MUST  
BE PUT TO BENEFICIAL USE OR PLUGGED BY  
OCT 1 - 1975  
\*See Instructions on Reverse Side