Form 9-911 (May 1963)	U TED STAT		SUBMIT IN TRI CATE (Other instruction on re-	e- Buage	t Bureau No. 42-R142
[DEPARTMLINT OF THE		verse side)		NATION AND SERIAL NO
	GEOLOGICAL SU	IRVEY	(2#7] (LLOTTEE OR TRIBE NAM
(Do not use this for	RY NOTICES AND REA m for proposals to drill or to deep se "APPLICATION FOR PERMIT_	en or plug back to	WELLS a different reservoir. s.)		
				7. UNIT AGREEM	IENT NAME
WELL WELL OTHER WIW 2. NAME OF OPERATOR NEWMONT OIL COMPANY 3. ADDRESS OF OPERATOR P. O. BOX 1305, ARTESIA, NEW MEXICO 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface				8. FARM OR LEA	ZULIA
				Ballard "B" 9. WELL NO.	
				6	POOL, OR WILDCAT
				Loco H	
				11. SEC., T., B., M., OR BLK. AND SUBVEY OR ABFA	
2310' FNL	& 1650' FEL of Sec.	1; T-18S; F	R-29E	Cor lu	190-201 - NH PH
14. PERMIT NO.	15. ELEVATIONS (Sho	w whether DF, RT, G	3, etc.)	12. COUNTY OR	185-29E-NMPM PARISH 13. STATE
		3354		Eddy	New Mex
16.	Check Appropriate Box To	Indicate Nature	e of Notice, Report, or	Other Data	
NOT	ICE OF INTENTION TO:	1	SUBSE	QUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING		WATER SHUT-OFF	REFA	IRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTE	RING CABING
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABAN	DONMENT*
REPAIR WELL	CHANGE PLANS		(Other)		
					oletion on Well
proposed work. If we nent to this work.)*	T.A. this well along the injection rate a	with three	Completion or Recom ils, and give pertinent date and measured and true verting e other injection	s, including estima ical depths for all wells. Th	Log form.) ted date of starting a markers and zones per
17. DESCRIDE FROMORED OR CO proposed work. If we nent to this work.)*	ell is directionally drilled, give sub	with three	Completion or Recom ils, and give pertinent date and measured and true verting e other injection	pietion Report and s, including estima ical depths for all b wells. Th	Log form.) ted date of starting a markers and zones per
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