

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

COPY
SUBMIT IN TRIU
(Other instruction
verse side)

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n re

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

LC 051102 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

BALLARD "B"

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

LOCO HILLS

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 1-18S-29E NMPM

12. COUNTY OR PARISH

EDDY

13. STATE

NEW MEXICO

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 ☐ GAS WELL ☐ OTHER ☒ WIW

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

2310' FNL & 1650' FEL of Sec. 1;T-;8-S;R-29-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3354

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

Return Well to Injection

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 was shut in 2-29-68. We propose to return to injection.

RECEIVED

FEB 16 1970

O. C. C.
ARTESIA, OFFICE

RECEIVED

FEB 13 1970

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

SIGNED

Harmon L. Smith

TITLE Division Superintendent

DATE 2-10-70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

FEB 13

R. L. BEEKMA

ACTING DIRECTOR

*See Instructions on Reverse Side