Form 9-331
(May 1963)

Copy to ß

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC-051102(b)

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
LOCO HILLS FLOOD

1.

OIL WELL ☐   GAS WELL ☐   OTHER WIW

8. FARM OR LEASE NAME
Ballard "B"

2. NAME OF OPERATOR
NEWMONT OIL COMPANY

9. WELL NO.
6

3. ADDRESS OF OPERATOR
P.O. Box 1305, Artesia, New Mexico 88210

10. FIELD AND POOL, OR WILDCAT
LOCO HILLS (Q.G.SA)

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 Section 1

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
1-18S-29E   NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3354' GLM

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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT
SHOOT OR ACIDIZE ☐
REPAIR WELL
(Other)

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE
ABANDON* ☐
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT
SHOOTING OR ACIDIZING ☐
(Other) Temporary Abandonment

REPAIRING WELL ☐
ALTERING CASING
ABANDONMENT* ☐ XX
(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.)*

S1 - 5-70

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 _____ TITLE Office Manager   DATE 9-11-75

(This space for Federal or State office use)

APPROVED

APPROVED BY _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:
OCT 20 1975
H. L. BEEKMAN
ACTING DISTRICT ENGINEER

APPROVED, WELL MUST
UNLESS FURTHER BENEFICIAL USE OR PLUGGED BY
BE PUT TO BENEFICIAL USE OR PLUGGED
OCT 1 1976

*See Instructions on Reverse Side