IN. M. O. C. C. CORY U ! ED STATES SUBMIT IN TRI
DEPARTMENT OF THE INTERIOR (Other instruction verse side) Form approved. Budget Bureau No. 42-R1424 Form 9-331 (May 1963) 'ATE* 5. LEASE DESIGNATION AND SERIAL NO. LC-051102 (b) GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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.) 7. UNIT AGREEMENT NAME OIL WIW OTHER 8. FARM OR LEASE NAME 2. NAME OF OPERATOR BALLARD "B" NEWMONT OIL COMPANY Y 9. WELL NO. 3. ADDRESS OF OPERATOR P. O. BOX 1305, ARTESIA, NEW MEXICO 88210 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface 10. FIELD AND POOL, OR WILDCAT LOCO HILLS 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1650' FNL & 2310' FEL of Sec. 1; T-18S; R-29E Sec. 1-18S-29E 12. COUNTY OR PARISH 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. New Mexico Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REPAIRING WELL TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF ALTERING CASING MULTIPLE COMPLETE FRACTURE TREATMENT FRACTURE TREAT ABANDONMENT* SHOOTING OR ACIDIZING ABANDON* SHOOT OR ACIDIZE CHANGE PLANS REPAIR WELL (Other) (Note: Report results of multiple completion on Weil Completion or Recompletion Report and Log form.) Convert to injection (Other) 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.)* We propose to convert well to injection as per WFX 351 as follows: Warehouse rods and tbg and hook up well and start injection. 3 RECEIVED M27 1 0 1971 ARTIGIA, BEFICE RECEIVED MAR 1 0 1971 ARTESH PEW AND

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18. I hereby certify that the foregoing in true and forect	TITLE Division Superint	endent DATE 3/9/71
(This space or Federal or State office use)	TITLE	DATE
CONDITIONS ON APPROVAL, IT ANY:		
	1 D C: J.	

*See Instructions on Reverse Side