

Form 9-37
(May 1966)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN THE MANNER INDICATED*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424
5. LEASE DESIGNATION AND SERIAL NO.

LC 060906

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR		W. LOCO HILLS G. 4S. Ut	
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME	
NEWMONT OIL COMPANY		TRACT 16	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		9. WELL NO.	
P. O. BOX 1305, ARTESIA, NEW MEXICO		2	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		LOCO HILLS	
2310' FNL & 990' FWL of Sec. 1; T-18S; R-29E		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	

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 ☒ XXREPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

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.)*

We propose to acidize well with 500 gals 15% reg. acid

RECEIVED

OCT 17 1968

R. C. C.
ARTESIA, OFFICE

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

SIGNED

Thomas J. L. L. L.

TITLE

Division Superintendent

DATE

9/13/68

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

REASONS OF APPROVAL IF ANY:

OCT 13 1968

R. C. C.
ARTESIA, OFFICE

*See Instructions on Reverse Side