

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate*
(Other instruct. 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.)

7. UNIT AGREEMENT NAME

W. LOCO HILLS G. 4S. UT

8. FARM OR LEASE NAME

Tract 16

9. WELL NO.

2

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 13. STATE

Eddy

New Mexico

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*.
See also space 17 below.)
At surface

2310' FNL & 990' FWL of Sec. 1; T-18S; R-29E

14. PERMIT NO.

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

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) ☐

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.)*

8-3-68 Clean out from 2704 to 2727'

8-4-68 Rig up and pump 500 gals 15% reg. acid down tubing and into formation.
Shut well in

8-5-68 Return well to injection

RECEIVED

OCT 17 1968

O. O. O.
ARTESIA, OFFICE

RECEIVED
OCT 15 1968
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

Herman L. Schutte

TITLE Division Superintendent

DATE 9/15/68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
OCT 15 1968
R. L. BLANKINSHIP

*See Instructions on Reverse Side