## NMOCC COPY

Form 9-331 (May 1963)

UN \_D STATES DEPARTMENT OF THE INTERIOR vers side)

SUBMIT IN TRIP TEP

Copy to S7

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|    | LC-060906           |    |       |      |
|----|---------------------|----|-------|------|
| ٠, | IF INDIAN, ALLOTTEE | oĸ | TRIBL | NAME |

GEOLOGICAL SURVEY

| CHNIDDA    | NOTICES   | AND               | REPORTS   | ON                  | WELLS |
|------------|-----------|-------------------|-----------|---------------------|-------|
| ALIIVIJK I | 14(71)(5) | $\Delta$ 11 $\nu$ | MEI CILIO | $\sim$ 1 $^{\circ}$ | * *   |

(Do not use this form for proposals to drill or to despense; thus back to a different reservoir.

| Use "APPLICATION FOR PERMIT-" for   | or such proposals.)                 |  |            |
|---|-------------------------------------|--|------------|
| OIL GAS WIW   | RECEIVED                            | 7. UNIT AGREEMENT West Loco Hil  |            |
| NEWMONT O'L COMPANY   | MAY - 5 1978                        | 8. FARM OR LEASE N   | AME        |
| P.O. Box 1305, Artesia, New Mexico 88   | 3210 D. C. C.                       | 9. WELL NO.  |            |
| 3. LOCATION OF WELL (Report location clearly and in accordance v<br>See also space 17 below.)<br>At surface |                                     | 10. FIELD AND POOL,<br>LOCO HILLS (1)<br>11. SEC., T., B., M., O<br>SURVEY OR AR | R BLK. AND |
| 2310' FNL و عصور FWL of Section 1   |                                     | Sec 1-T185-R   | 29E NMPM   |
| 14. PERMIT NO. 15. ELEVATIONS (Show w   | hether DF, RT, GR, etc.)            | 12. COUNTY OB PARI   | New Mexico |
| Check Appropriate Box To Ind  | licate Nature of Notice, Report, or | Other Data   |            |

| NOTICE OF INTENTION TO: |  |                      | SUBSEQUENT REPORT OF: |                       |                  |                   |    |
|-------------------------|--|----------------------|-----------------------|-----------------------|------------------|-------------------|----|
|                         |  |                      |                       |                       |                  |                   |    |
| TEST WATER SHUT-OFF     |  | PULL OR ALTER CASING |                       | WATER SHUT-OFF        | <u>-</u>         | REPAIRING WELL.   |    |
| FRACTURE TREAT          |  | MULTIPLE COMPLETE    | ! !                   | FRACTURE TREATMENT    | l                | ALTERING CASING   |    |
|                         |  | AHANDON*             |                       | SHOOTING OR ACIDIZING | 1                | ABANDON MENT*     |    |
| SHOOT OR ACIDIZE        |  |                      | <u>  </u>             | Casing Ni             | pple Repa        | air               | XX |
| REPAIR WELL             |  | CHANGE PLANS         | i—-                   | (Other) Casing in     | ults of multiple | completion on Wel | i  |
| (6)41 1                 |  |                      |                       | Completion or Reco    | mpletion Repor   | t 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.) \*

4/24/78 -- The 7" casing\_nipple above the braden head was repaired and hole filled in around casing.

RECEIVED MAY 2 1978 U.S. BENLUBICAL SURVEY ARTESIA, NEN MEXICO

| 18. I hereby certify that the foregoing is true and correct                               | TITLE _ | Office Manager           | DATE _ | 5/1/78       |
|---|---------|--------------------------|--------|--------------|
| (This space for Federal of State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY: | TITLE . | ACTING DISTRICT ENGINEER | DATE _ | MAY 4 - 1978 |