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U.S.G.S.	
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Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

**RECEIVED**

SEP 11 1975

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.  
B-6570-19

**SUNDRY NOTICES AND REPORTS ON WELLS** O.G.S. ARTESIA OFFICE  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name West Loco Hills Grb.#4
2. Name of Operator HEWMONT OIL COMPANY,	8. Farm or Lease Name Tract 34
3. Address of Operator P.O. Box 1305, Artesia, New Mexico 88210	9. Well No. 4
4. Location of Well UNIT LETTER <u>E</u> <u>2310</u> FEET FROM THE <u>North</u> LINE AND <u>990</u> FEET FROM THE <u>West</u> LINE, SECTION <u>2</u> TOWNSHIP <u>18S</u> RANGE <u>29E</u> NMPM.	10. Field and Pool, or Wildcat LOCO HILLS (O.G.S.A)
15. Elevation (Show whether DF, RT, GR, etc.) 3510' GLM	12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <u>Temporary Abandonment</u> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUS AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

51-6-73

We request an extension of approval for Temporary Abandonment for one year.  
This property is under study for tertiary recovery operations.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE Office Manager DATE 9-11-75

APPROVED BY [Signature] TITLE SUPERVISOR, DISTRICT II DATE OCT 8 1975

CONDITIONS OF APPROVAL, IF ANY: Expires 10-1-76