r)					
NO. OF COPIES RECEIVED		•	Form C-103		
DISTRIBUTION	***	TEINER	Supersedes		
SANTA FE	NEW MEXICO OIL CON	SERVATION COMMISSION	C-102 and (Effective 1-		
FILE	,, <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
U.S.G.S.	NO	V 191970	Sa. Indicate Ty	pe of Lease	
LAND OFFICE			State XX	Fee	
OPERATOR	į.	ي دي دي. انماء فيساء أيساء	5, State Oil & C		
		SIA, DEFICE	B-68	364	
SUNDRY NOTICES AND REPORTS ON WELLS					
(DO NOT USE THIS FORM FOR PROPOS USE "APPLICATION I	ALS TO DRILL OR TO DEEPEN OR PLUG FOR PERMIT — " (FORM C-101) FOR SL	BACK TO A DIFFERENT RESERVOIN.	_//////////////////////////////////////		
1,				ent Name	
OIL GAS WIW				W. Loco Hills G. 4S UT	
2. Name of Operator	. /		1		
NEWMONT OIL COMPANY √				Tract 39	
3. Address of Operator P O BOX 1305 ARTESIA, NEW MEXICO 88210					
P. O. BOX 1305, ARTESIA, NEW MEXICO 88210				+	
4. Location of Well				Pool, or Wildcat	
UNIT LETTER 1 1650 FEET FROM THE SOUTH LINE AND 330 FEET FROM				Hills	
		0- 00-			
THE East LINE, SECTION_	2 TOWNSHIP1	8S RANGE 29E HM	(PM		
	(0)	DE DE CO	12. County	<i>HHHHH</i>	
15. Elevation (Show whether DF, RT, GR, etc.)			1		
			Eddy		
Check App	propriate Box To Indicate	Nature of Notice, Report or			
NOTICE OF INTE	ENTION TO:	SUBSEQUE	ENT REPORT OF	f:	
	٠			لبسا	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ERING CASING	
TEMPORARILY ABANDON COMMENCE DRILLING OPNS.			PLU	G AND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB Shut Off	thief zone		
	_	OTHER STUL OTT		لـــا	
OTHER		1			
17, Describe Proposed or Completed Opera	tions (Clearly state all pertinent de	tails, and give pertinent dates, includ	ding estimated date o	of starting any proposed	
work) SEE RULE 1 105.					
10-16-70: Squeeze	thief zone with 4000	gals Halliburton Inje	ctrol "L".		
10-20-70: Return v	well to injection.				
Inioati	on first five days av	eraged 650 bbls @ 1250	nei		
mjecti	Sil Illat live days av	er aged 0,0 0073 @ 12,00	μ31.		
		•			
			•		
18. I hereby certify that the information about	ove is true and complete to the bes	t of my knowledge and belief.			
	1-01	Division Superintende	nt 1	1/13/70	
sic Sermant Fill	elles title	Division Superintender	DATE I	1/13//0	
1101			₹.	1.37	

CONDITIONS OF APPROVAL, IF ANY