|   | N. W. (   |   | -                                |   |  |
|---|---|---|----------------------------------|---|--|
| Corin 9-331<br>(May 1963)<br>U TED STATES<br>DEPARTMENT OF THE INTERIOR (Other instruction on re-<br>DEPARTMENT OF THE INTERIOR (Other instruction on re-<br>verse side)<br>GEOLOGICAL SURVEY |   |   | re-<br>5. LEASE DESIGNATION      | Form approved.<br>Budget Bureau No. 42-R1424.<br>5. LEASE DESIGNATION AND SERIAL NO.<br>LC 058480               |  |
| •   | ······································  |   | 6. IF INDIAN, ALLOTT             | ·   |  |
| CDo not use this  | IDRY NOTICES AND REPORTS C<br>s form for proposals to drill or to deepen or plug ba<br>Use "APPLICATION FOR PERMIT" for such pr   | ck to a different reservoir.  |                                  |   |  |
|   |   |   | 7. UNIT AGREEMENT S              |   |  |
| WELL WELL OTHER WIW   |   |   |                                  | W. LOCO Hills G. 48. Ut.<br>8. FARM OR LEASE NAME   |  |
| NEWMONT OIL COMPANY   |   |   | Tract 10A                        | Tract 10A   |  |
| 3. ADDRESS OF OPERATOR  |   |   | 9. WELL NO.                      |   |  |
| P. O. BOX 1305, ARTESIA, NEW MEXICO<br>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface                |   |   |                                  | 10. FIELD AND POOL, OR WILDCAT<br>LOCO Hills  |  |
|   |   |   | 11. SEC., T., R., M., OI         | 11. SEC., T., R., M., OR BLK. AND<br>SUBVEY OR AREA   |  |
| 2310' FNL & 990' FWL of Sec. 3; T-18S, R-29E  |   |   | Sec. 3-185                       | -29E NM PM  |  |
| 14. PERMIT NO.  | 15. ELEVATIONS (Show whether DF,  | RT, GR, etc.)   | 12. COUNTY OB PARIS              |   |  |
|   |   |   | Eddy                             | New Mexico  |  |
| 16.   | Check Appropriate Box To Indicate N   | ature of Notice, Report, o  | or Other Data                    |   |  |
|   | NOTICE OF INTENTION TO:   | SUB   | SEQUENT REPORT OF:               | :   |  |
| TEST WATER SHUT-  | OFF PULL OR ALTER CASING  | WATER SHUT-OFF  | REPAIRING                        | WELL  |  |
| FRACTURE TREAT  | MULTIPLE COMPLETE   | FRACTURE TREATMENT  | ALTERING                         | []  |  |
| SHOOT OR ACIDIZE  | ABANDON*  | SHOOTING OR ACIDIZING   | ABANDONN                         | (ENT*   |  |
| REFAIR WELL   | REPAIR WELL CHANGE PLANS (Other)   (Other) Completion or Recomp   |   |                                  | n on Well   |  |
|   | IR COMPLETED OPERATIONS (Clearly state all pertinent<br>if well is directionally drilled, give subsurface locat   | details and give pertinent de   | tes including estimated d        | late of starting any  |  |
| The follo   | owing work was done to cement a   | n open hole thief   | zone                             |   |  |
|   | 5-1-68 Rig up and check TD<br>5-2-68 Set packer at 2173'<br>Displace 20 bbls &<br>5-6-68 Rig up and start dr<br>5-16-68 Completed drilling<br>5-21-68 Return well to inje<br>6-6-68 Run Injectivity Pro | . Mix 100 sks Cla<br>left approx. 100 <sup>4</sup><br>illing out<br>out cement and hoo<br>ction | of cement in ho                  | le  |  |
|   |   |   |                                  | <b>n</b> <sup>2</sup> :   |  |
|   |   |   | RECEIVE<br>OCT-8196              |   |  |
|   |   |   | RECH                             | Cite in the second s |  |
|   | RE  | CEIVED  | OCT- 8190                        | CURVEY  |  |
|   |   |   | ALLAN                            | SorxiCO   |  |
|   | C   | CT 9 1968   | U. S. GEOLOGICAL<br>ARTESIA, NEW | INCN-   |  |
|   |   | D. C. C.<br>Tesia, offi <b>ce</b>   |                                  |   |  |
| 18. I hereby certify the  | t the foregoing is true and correct   |   |                                  |   |  |
| SIGNED SIGNED   |   | vision Superintend  | ent DATE 9/                      | 18/68   |  |
| (This space for Fee   | leral or State office use)  |   |                                  |   |  |
| APPROVED BY   | APPROVAL, IF ANY:   |   | DATE                             |   |  |
|   | 1903  |   |                                  |   |  |
| CT L  | AN *See Instructions  | on Reverse Side   | ÷<br>2. € <sup>1</sup> ⊒ – €     |   |  |
| ATTIN'S DIST  | <sup></sup>   |   |                                  |   |  |