

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

IV. M. O. C. C. COPY  
SUBMIT IN TRI  
(Other instructio.  
verse side)

Copy 0-21  
Form approved.  
Budget Bureau No. 42-R1424.

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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		APR - 2 1976	
2. NAME OF OPERATOR NEWMONT OIL COMPANY ✓		O. C. C. OFFICE	
3. ADDRESS OF OPERATOR P. O. BOX 1305 - Artesia, New Mexico		ARTESIA OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  890' FSL & 2310 FEL of Section 9		5. LEASE DESIGNATION AND SERIAL NO. NM 02426	
14. PERMIT NO.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3512' GLM		7. UNIT AGREEMENT NAME West Loco Hills Grb #4 Sc	
		8. FARM OR LEASE NAME Tract 19A	
		9. WELL NO. 1	
		10. FIELD AND POOL, OR WILDCAT Loco Hills (O.G.SA)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-T18S-R29E NMPM	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/> Well Status	

(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.)\*

This well is producing by flowing and has not been temporarily abandoned.

RECEIVED

MAR 31 1976

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED Charles C. Joy

TITLE Superintendent

DATE 3/31/76

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

