

NMOCC COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPL  
(Other instructions  
verse side)

Copy to 47  
Form approved.  
Bureau No. 42-R1424.  
UNITED STATES OF AMERICA AND SERIAL NO.  
NM-02426

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>WIW</b>		<b>RECEIVED</b>		7. UNIT AGREEMENT NAME <b>West Loco Hills Grb #4 Sd Ut.</b>	
2. NAME OF OPERATOR <b>NEWMONT OIL COMPANY</b> ✓		<b>MAY - 5 1978</b>		8. FARM OR LEASE NAME <b>Tract 19B</b>	
3. ADDRESS OF OPERATOR <b>P.O. Box 1305, Artesia, New Mexico 88210</b>				9. WELL NO. <b>4</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  <b>2310' FNL &amp; 2310' FEL of Section 9</b>		<b>O.C.G.</b> <b>ARTESIA, OFFICE</b>		10. FIELD AND POOL, OR WILDCAT <b>Loco Hills (Q.G.SA)</b>	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3480' GLM</b>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 9-T18S-R29E NMPM</b>	
				12. COUNTY OR PARISH <b>Eddy</b>	
				13. STATE <b>New Mexico</b>	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <b>Covering Pit</b>	<b>XX</b>
(Other) <input type="checkbox"/>		(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.)\*

4/26/78 -- The pit at this well was covered and the location leveled.

**RECEIVED**  
**MAY 2 1978**  
**U.S. GEOLOGICAL SURVEY**  
**ARTESIA, NEW MEXICO**

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

SIGNED <b>Ernest J. McGarrell</b>	TITLE <b>Office Manager</b>	DATE <b>5/1/78</b>
(This space for Federal or State office use)		
APPROVED BY <b>John W. Lam</b>	TITLE <b>ACTING DISTRICT ENGINEER</b>	DATE <b>MAY 4 - 1978</b>
CONDITIONS OF APPROVAL, IF ANY:		