

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYPERMIT IN TRIPL
COPY TO BE SUBM
V. 1-58-112
11Form approved
Budget Bureau No. 42 R1424
LEASE DESIGNATION AND SERIAL NO.

LC-054253

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR NEWMONT OIL COMPANY		West Loco Hills Grb #4 Sd Ut.	
3. ADDRESS OF OPERATOR P.O. Box 1305, Artesia, New Mexico 88210		8. FARM OR LEASE NAME Tract 5	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FNL & 1650' FWL of Section 10		9. WELL NO. 1	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Loco Hills (Q.G.SA)	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3513' GLM		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 10, T-18S, R-29E	
		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:

SUBSEQUENT REPORT OF:

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) Check Water Flow	XX

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 type="checkbox"/>
(Other)	

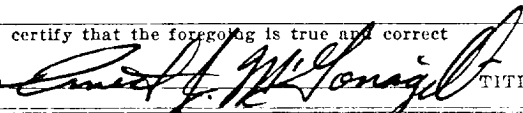
(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)

10-1-78 -- A water leak has developed from the casing head. We are draining this water into a pit from which it will be hauled back to the injection plant. The present rate of back flow is 12 BWPD. We request permission to continue this operation until the water source is located. The District Engineer will be notified of our plans before the leak is repaired.

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

SIGNED



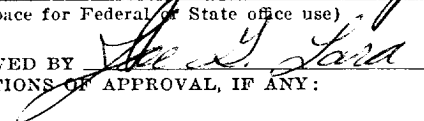
TITLE

Office Manager

DATE Oct 2, 1978

(This space for Federal or State office use)

APPROVED BY



TITLE

ACTING DISTRICT ENGINEER

DATE

OCT - 6 1978

CONDITIONS OF APPROVAL, IF ANY: