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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>B-7677</b>
7. Unit Agreement Name <b>W. Loco Hills G 4S Ut</b>
8. Farm or Lease Name <b>Tract 42</b>
9. Well No. <b>1</b>
10. Field and Pool, or Wildcat <b>Loco Hills</b>
12. County <b>Eddy</b>

**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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <b>WIW</b>
2. Name of Operator <b>Newmont Oil Company</b>
3. Address of Operator <b>Room 303, First National Bank Building, Artesia, New Mexico</b>
4. Location of Well UNIT LETTER <b>N</b> , <b>990</b> FEET FROM THE <b>South</b> LINE AND <b>1650</b> FEET FROM THE <b>West</b> LINE, SECTION <b>10</b> TOWNSHIP <b>18-S</b> RANGE <b>29-E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

**3/16/66**      **Rig up reverse unit.**

**3/17/66**      **Reverse out to 2569'. Spot 500 gallons 15% regular acid at 100 BPD rate.**

**3/18/66**      **Return well to injection at 400 BPD rate.**

**RECEIVED**

**APR 29 1966**

**O. C. C.**  
**ARTESIA, OFFICE**

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

ORIGINAL SIGNED BY <b>H. J. LEDBETTER</b>	TITLE <b>Division Superintendent</b>	DATE <b>April 29, 1966</b>
SIGNED _____	TITLE _____	DATE <b>APR 29 1966</b>
APPROVED BY <b>ML Armstrong</b>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		