N. M. O. C. C. CO.

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

form 9-331	UFFED S	TATES	SUBMIT IN TRU AT		284. 261 No. 42-R1424.	4
May 1963)	DEPARTMLT OF GEOLOGICA	THE INTERIO	R (Other instructio n verse side)	5. LEASE DESIGNATO		ð,
SUN (Do not use this	DRY NOTICES AND	REPORTS Of to deepen or plug back	WELLS k to a different reservoir.	6. IF INDIA 100 TO	2072	
OIL XXX GAS WELL XXX WELL	OTHER	R	ECEIVED	7. UNIT AGREEMENT	ls Grb #4 Sd	Ut
2. NAME OF OPERATOR NEWMONT OIL C	OMPANY /		MAY 1 9 1976	8. FARM OR LEASE N	AME	
3. Address of Operator P:0. Box 1305	i. Artesia. New Mex	ico 88210	n c. C.	9. WELL NO.		
4. LOCATION OF WELL (I See also space 17 belo At surface	lLoco Hills (10. FIELD AND POOL, OR WILDCAT LOCO HILLS (Q.G.SA) 11. SEC., T., R., M., GE BLK. AND SHEWY OR AREA				
1650' FSL ε 33	0' FEL of Section	10		Sec 10- T185		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3499 GLM		12. COUNTY OF PARIS	New Mexico		
16.	Check Appropriate B	ox To Indicate Na	ture of Notice, Report, o	r Other Data		
:	NOTICE OF INTENTION TO:		SUBS	EQUENT REPORT OF:		
TEST WATER SHUT-O	PULL OR ALTER MULTIPLE COMI	i——	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING ALTERING	<u>:</u>	
encom or reinize	ARANDON*		SHOOTING OR ACIDIZING	ABANDONN	ENT*	

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.) *

(Other)

This well was returned to production by flowing May 1, 1976. We will monitor the production from this well for flood-front information.

5-4-76 -- Well tested 1 bbl oil and 73 bbls water per day.

CHANGE PLANS

(Other) Return to production.

RECEIVED

18. I hereby certify that the foregoing is true and correct	/ .	Office Manager	DATE May 14, 1976
(This space for Federal of State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE _		DATE

*See Instructions on Reverse Side