

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 060904

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	W. LOCO HILLS G. 4S. Ut.
3. ADDRESS OF OPERATOR	8. FARM OR LEASE NAME
NEWMONT OIL COMPANY	Tract 13
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	9. WELL NO.
330' FNL & 330' FEL; Sec. 12; T-18S; R-29E	1
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	LOCO HILLS
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	Sec. 12-18S-29E - 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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.)*

This well was acidized as follows:

8-2-68 Rig up and clean out to 2827'

8-3-68 Rig up and pump 500 gals 15% reg. acid down tubing and shut well in

8-4-68 Return well to injection

RECEIVED

OCT 17 1968

O. G. C.
ARTESIA, OFFICERECEIVED
OCT 15 1968
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Roman L. LutterTITLE Division SuperintendentDATE 9/18/68

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

OCT 16 1968
R. L. BLUMHART
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side