MMOUL LUTY Form approved. Budget Bureau No. 42-R1424. Form 9-331 (May 1963) UN ED STATES SUBMIT IN TRIF
DEPARTME... OF THE INTERIOR (Other instruction verse side) ATE. 5. LEASE DESIGNATION AND SERIAL NO. LC-060904 GEOLOGICAL SURVEY 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.) 7. UNIT AGREEMENT NAME est Loco Hills Grb #4 Sd Ut. GAS WELL WELL L WIW OTHER RECEIVED 8. FARM OR LEASE NAME 2. NAME OF OPERATOR Tract 13 NEWMONT OIL COMPANY & MAY 1 5 1978 9. WELL NO. 3. ADDRESS OF OPERATOR 1 Artesia, New Mexico 88210 P.O. Box 1305, LOCATION OF WELL (Report location clearly and in accordance with any State requirements. C. See also space 17 below.)

At surface 10. FIELD AND POOL, OR WILDCAT Loco Hills (Q.G.SA) ARTESIA, OFFICE 11. SEC., T., R., M., OR BLK. AND SURVEY OR ARDA 330 FNL & 330 FEL of Section 12 Sec 12-T18S-R29E NMPM 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH | 13. STATE 14. PERMIT NO. 35431 New Mexico GLM Eddy 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL TEST WATER SHUT-OFF ALTERING CARING FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ABANDONMENT* ABANDON* SHOOT OR ACIDIZE

(Other) Haintain Pit

XXX

(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.)

CHANGE PLANS

REPAIR WELL

5-8-78 -- We wish to maintain the pit at this well in a fenced and dried up condition to use as needed.

RECEIVED

MAY 9 1978

WARTENA, NEW MEXICO

8. I hereby certify that the foregoing is true and correct SIGNED TITLE Of	fice Manager DAT	₀₀ 5/8/78	
	G DISTRICT ENGINEER DATE	E MAY 1 2 197	'8
CONDITIONS OF AFROVAL, IF ANY:		· · · · · · · · · · · · · · · · · · ·	