Form 9-331
(May 1963)

N. M. L.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instruct   on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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.)

5. LEASE DESIGNATION AND SERIAL NO.

Lc-060904

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.
OIL WELL [X]   GAS WELL [ ]   OTHER

7. UNIT AGREEMENT NAME

W. Loco Hills Gr. 4S. Ut.

2. NAME OF OPERATOR

NEWMONT OIL COMPANY ✓

8. FARM OR LEASE NAME

Tract 13

3. ADDRESS OF OPERATOR

P. O. BOX 1305, ARTESIA, NEW MEXICO

9. WELL NO.

4

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1650' FNL & 330' FEL of Sec. 12: T-18S; R-29E

10. FIELD AND POOL, OR WILDCAT

Loco Hills

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 12-18S-29E NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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 [XX]	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.)*

We propose to frac well with 10,000 gals lease oil and 10,000# of 20/40 sand and return well

to production

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

SIGNED _____   TITLE _Division Superintendent_   DATE _3/1/68_

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

MAR - 4 1968
R. L. BERMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side