

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC-050904

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 ☐ GAS WELL ☐ OTHER
2. NAME OF OPERATOR
Newmont Oil Company
3. ADDRESS OF OPERATOR
Room 303, First National Bank Building, Artesia, New Mexico
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1650' FWL and 2310' FWL and Section 12; T-13-S, R-29-E

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
West Loco Hills Unit

8. FARM OR LEASE NAME
Tract 13A

9. WELL NO.
8

10. FIELD AND POOL, OR WILDCAT
Loco Hills

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA
Sec. 12 - 18S - 29E - NMPN

14. PERMIT NO.

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

12. COUNTY OR PARISH **El Paso** 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) **Shut off water**

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 attempt to shut off water with Western Company GROUT to improve oil production.

RECEIVED

MAR 31 1965

O. C. C.
ARTESIA OFFICE

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

SIGNED **H. J. LEDBETTER**

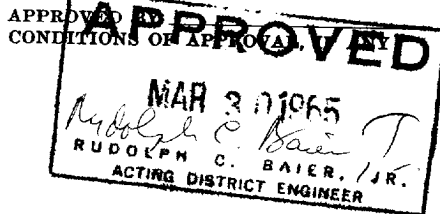
TITLE

Division Superintendent

DATE

March 24, 1965

(This space for Federal or State office use)



TITLE

DATE

*See Instructions on Reverse Side

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by or may be obtained from the local Federal and/or State office.

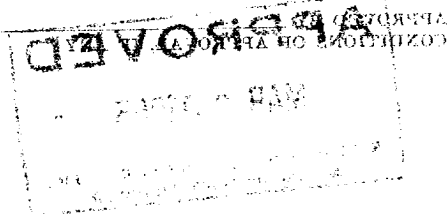
Item 4: If there are no applicable State requirements, locations on Federal or Indian lands should be described in accordance with the Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include reasons for the abandonment; data on any former or present productive zones or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between, and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well-site conditioned for final inspection looking to approval of the abandonment.

U.S. GOVERNMENT PRINTING OFFICE: 1963 O - 348229

7-651

*See Instructions on Reverse Side



I hereby certify that the foregoing is true and correct.

TITLE

(This space for Federal or State office use.)

WATER SOURCE
PUMPING TREATMENT
PUMPING OR ABANDONING

PLUG OR OTHER TREATING
MULTIPLE COMPLETION
ABANDONING
CHANGING PLUGS

TEST WATER SHUT-OFF
PUMPING TREATMENT
PUMPING OR ABANDONING
CHANGING PLUGS

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

1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
2. NAME OF OPERATOR
3. ADDRESS OF OPERATOR
4. TYPE OF WELL (Check one)
5. NAME OF OPERATOR
6. ADDRESS OF OPERATOR
7. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
8. NAME OF OPERATOR
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SUNDRY NOTICES AND REPORTS ON WELLS

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D.C. 20240

Form 9-221
(July 1963)