

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP
(Other instruction
verse side)

ATE re

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 050429 (A)

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 GAS WELL OTHER

7. UNIT AGREEMENT NAME
West Loco Hills G. 4S UT

2. NAME OF OPERATOR
Newmont Oil Company ✓

8. FARM OR LEASE NAME
Tract 3

3. ADDRESS OF OPERATOR
P. O. Box 1305, Artesia, New Mexico 88210

9. WELL NO.
1

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

10. FIELD AND POOL, OR WILDCAT
Loco Hills

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

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.)
2687'

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
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)
PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Shut-in
REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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 shut-in as follows:

4-15-66: Pulled production equipment out of hole and shut well in.

RECEIVED RECEIVED

APR 22 1970

APR 20 1970

U. S. GEOLOGICAL SURVEY
ARTESIA, OFFICE

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED [Signature] TITLE Division Superintendent DATE 4/16/70

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD PURPOSES
APR 21 1970
Date

[Signature]
ACTING District Engineer

*See Instructions on Reverse Side