

NMOCC COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate*
(Other instructions on reverse side)

Copy to 47
Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

LC-050014

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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WIW</p> <p>2. NAME OF OPERATOR NEWMONT OIL COMPANY</p> <p>3. ADDRESS OF OPERATOR P. O. BOX 1305, ARTESIA, NEW MEXICO 88210</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FNL & 990' FWL of Section 15</p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3478' GLM</p>		<p style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center; font-weight: bold;">MAY - 5 1978</p> <p style="text-align: center; font-weight: bold;">O. C. C. ARTESIA, OFFICE</p> <p>7. UNIT AGREEMENT NAME West Loco Hills Grb #4 Sd</p> <p>8. FARM OR LEASE NAME Tract 8B</p> <p>9. WELL NO. 4</p> <p>10. FIELD AND POOL, OR WILDCAT Loco Hills (O.C.C.)</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15-T18S-R29E NMPM</p> <p>12. COUNTY OR PARISH Eddy</p> <p>13. STATE New Mexico</p>
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Covering pit	
(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.) *

4/25/78---The pit at this well was covered and the location leveled.

RECEIVED

MAY 3 1978

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED <u><i>Ernest J. McLaughlin</i></u>	TITLE <u>Office Manager</u>	DATE <u>5/1/78</u>
(This space for Federal or State office use)		
APPROVED BY <u><i>Joe S. Lamm</i></u>	TITLE <u>ACTING DISTRICT ENGINEER</u>	DATE <u>MAY 4 - 1978</u>
CONDITIONS OF APPROVAL, IF ANY:		