

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYN. M. O. C. C. COPY  
SUBMIT IN THE  
(Other instruc.  
verse side)Form approved  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

## 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR NEWMONT OIL COMPANY		West Loco Hills Grb #4 Sd U	
3. ADDRESS OF OPERATOR P.O. Box 1305, Artesia, New Mexico 88210		8. FARM OR LEASE NAME Tract 19C	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FNL & 330' FEL of Section 15		9. WELL NO. 1	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Loco Hills (G.G.SA)	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3495' GLM		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 15-T18S-R29E NMPM	
		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:		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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/>	
(Other) Return to production. <input checked="" type="checkbox"/>		(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 returned to production by flowing May 1, 1976. We will monitor the production from this well for flood-front information.

5-4-76 -- Well tested 1 bbl oil and 1 bbl water per day.

RECEIVED  
MAY 14 1976  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

*Paul J. McLaughlin*

TITLE

Office Manager

DATE May 14, 1976

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

MAY 16 1976

H. L. BECKMAN

ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side