Form 9-331 (May 1965)

OIL WE'L

NAME OF OPERATOR

DEPARTMENT OF THE INTERIOR VERSE BIDE

SUBMIT IN TRUE Other instruct

NM-02426

9. WELL NO.

Budget Bures	u No.	42- R	1424
DESIGNATION	AND B	ER1A1	NO.

G. IF INDIAN, ALLOTTEE OR TRIBE NAME

GEOLOGICAL SURVEY

SUNDRY	NOTICES	AND	REPORTS	ON	WELLS
JUITUI	, , <del>,</del> , , , , , , , ,				

(Do not use this form for proposals to drill or to deepen or plug back to a Use "APPLICATION FOR PERMIT—" for such proposals.) different reservoir.

7. UNIT AGREEMENT NAME lest Loco Hills Grb #4 Sd Ut. 8. FARM OR LEASE NAME Tract 190

3. ADDRESS OF OPERATOR Artesia, New Mexico 88210 P.O. Box 1305, LOCATION OF WELL (Report location clearly and in accordance with any State requirements. C. See also space 17 below.)

At surface

ARTESIA, OFFICE

10. FIELD AND POOL, OR WILDCAT Loco Hills (Q.G.SA)

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

330' FNL & 330' FEL of Section 15

OTHER

GAS WELL

NEWMONT OIL COMPANY W

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 34951 GLM

Sec 15-T18S-R29E NMPM

12. COUNTY OR PARISH | 13. STATE New Mexico

16.

14. PERMIT NO.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:				
NOTA				REPAIRING WELL		
EST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF	_	
RACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT ALTERING CASING		
		ABANDON*		SHOOTING OR ACIDIZING ABANDONMENT	•	
SHOOT OR ACIDIZE				Repair Tubing Leak.	X	
EPAIR WELL		CHANGE PLANS		(Number Poport results of multiple completion on Well		
(Other)				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.) \*

4/26/78 -- Tubing was tested and collar leak on first joint tightened, location cleaned up.

RECEIVED

MAY 2 1978

U. D. BELULUHUN MEN MENICO

MATTESNA, NEW MENICO

18. I hereby certify that the foregoing is true and correct	Office Manager	DATE	5/1/78
(This space for Federal State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	ACTING DISTRICT ENGINEER	DATE _	MAY 4 - 1978