N. M. O. C. C. COPY

Copy to SF

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP' 'TE*
(Other instruction
verse side)   re-

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 046256 A

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.

OIL WELL ☐   GAS WELL ☐   OTHER   WIW

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

Newmont Oil Company ✓

8. FARM OR LEASE NAME

Coppedge

3. ADDRESS OF OPERATOR

P. O. Box 1305, Artesia, New Mexico

9. WELL NO.

2

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

330/N7W (Lot 4)

10. FIELD AND POOL, OR WILDCAT

Loco Hills

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

Sec. 5-18S-30E NMPM

14. PERMIT NO.

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

12. COUNTY OR PARISH | 13. STATE

Eddy | 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)   ☐

SUBSEQUENT REPORT OF:

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

(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.) *

On March 2, 1970 this well was shutin for crossflood study

RECEIVED

MAR 2 1970

C. .
ARTE .

RECEIVED
MAR 18 1970
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED _____   TITLE   Division Superintendent   DATE   3/16/70

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD PURPOSES

AR 19 1970
Date   ACTING District Engineer

*See Instructions on Reverse Side