

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

N. M. O. C. C. COPY

SUBMIT IN TRIP
(Other instruction, reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		RECEIVED DEC 1974 U. S. G. C. C. ARTESIA, OFFICE
2. NAME OF OPERATOR NEWMONT OIL COMPANY ✓		
3. ADDRESS OF OPERATOR P.O. Box 1305, Artesia, New Mexico 88210		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' ^S ENE & 660' ^N EEL of Section 6		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3552' GLM	

5. LEASE DESIGNATION AND SERIAL NO. LC-049947(a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME Loco Hills Flood
8. FARM OR LEASE NAME Yates
9. WELL NO. 1
10. FIELD AND POOL, OR WILDCAT Loco Hills
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 6-18S-30E 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 type="checkbox"/>	
(Other) Temporarily Abandon <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 shut in 1958 due to economic limit. We intend to temporarily abandon this well and hold for possible tertiary recovery, under study during the next two years.

RECEIVED
OCT 28 1974
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Charles C Joy TITLE Superintendent DATE 10-28-74

(This space for Federal or State office use)

APPROVED BY H. L. BEEKMAN TITLE ACTING DISTRICT ENGINEER DATE DEC 3-1974

CONDITIONS OF APPROVAL, IF ANY:

UNLESS FURTHER APPROVED, WELL MUST BE PUT TO BENEFICIAL USE OR PLUGGED BY OCT 1 - 1975

*See instructions on Reverse Side