

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Copy to 87  
LC-049947 (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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED OCT 4 1978 D. C. C. ARTESIA, OFFICE	7. UNIT AGREEMENT NAME LOCO HILLS FLOOD
2. NAME OF OPERATOR NEWMONT OIL COMPANY ✓			8. FARM OR LEASE NAME Yates
3. ADDRESS OF OPERATOR P.O. Box 1305, Artesia, New Mexico 88210		9. WELL NO. 1	10. FIELD AND POOL, OR WILDCAT LOCO HILLS (O.G.SA)
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirement. See also space 17 below.) At surface  1980' FSL & 660' FWL of Section 6		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 6-18S-30E NMPM	12. COUNTY OR PARISH Eddy
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3552' GLM	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Temporary Abandonment ☒

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.)\*

We request an extension of approval for Temporary Abandonment for one year.  
This property is under study for tertiary recovery operations.

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

SIGNED

TITLE Office Manager

DATE 9/29/78

(This space for Federal or State office use)

APPROVED BY

TITLE ACTING DISTRICT ENGINEER

DATE OCT - 3 1978

CONDITIONS OF APPROVAL, IF ANY:

UNLESS FURTHER APPROVED, WELL MUST\* See Instructions on Reverse Side  
BE PUT TO BENEFICIAL USE OR PLUGGED BY

APRIL OCTOBER 1, 1979