

# DEPARTMENT OF THE INTERIOR

Geological Survey

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LC-049947 (a)

## SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

do not use this form for proposals to drill or to deepen a well back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>WIW</u>		OCT 4 1978		7. UNIT AGREEMENT NAME LOCO HILLS FLOOD	
2. NAME OF OPERATOR NEWMONT OIL COMPANY		O. C. C. ARTESIA, OFFICE		8. FARM OR LEASE NAME Yates	
3. ADDRESS OF OPERATOR P.O. Box 1305, Artesia, New Mexico 88210				9. WELL NO. 3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1650' FNL & 1650' FWL of Section 6				10. FIELD AND POOL OR WILDCAT LOCO HILLS (O.C.SA)	
				11. SEC., T., R., M., OR FID. AND SURVEY OR AREA 6-18S-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) Temporary 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.

RECEIVED  
U.S. GEOLOGICAL SURVEY  
ARTESIA

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

SIGNED Ernest J. McLaughlin

TITLE Office Manager

DATE 9/29/78

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE ACTING DISTRICT ENGINEER

DATE OCT - 3 1978

CONDITIONS OF APPROVAL, IF ANY:

UNLESS FURTHER APPROVED, WELL MUST BE PUT TO BENEFICIAL USE OR PLUGGED. \*See Instructions on Reverse Side  
APRIL OCTOBER 1967-1 - 1979