	ry.	M. O. C	C. COPY -		(Mg	ey usi	
Form 9-331 (May 1963)	UN DESIGNATION TRIPLET				Pudget Bureen No. 49-P1494		
DEPARTMENT OF THE INTERIOR (Other Instructions re-					5. LEASE DESIGNATION AND SERIAL NO.		
GEOLOGICAL SURVEY					LC-049947(a)		
SUNDRY N	OTICES AND RE	PORTS C	N WELLS	6. IF I	NDIAN, ALLOTTEE O	R TRIBE NAME	
(Do not use this form for p Use "API							
1.				7. UNI	T AGREEMENT NAME	;	
WELL WELL OTH	ER		RECEIVE	Loco	Hills Floo	od	
2. NAME OF OPERATOR					M OR LEASE NAME		
NEMMONT OIL COMPANY			DEC 5 1974	9. WEI	_		
3. ADDRESS OF OPERATOR	ta Navi Mastan	00010		6	L RO.		
P.O. Box 1305, Artesia, New Mexico 88210 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.					10. FIELD AND POOL, OR WILDCAT		
See also space 17 below.) At surface At surface					Loco Hills		
					11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
2310' FNL & 990' FWL of Section 6					6-185-30E NMPM		
14. PERMIT NO. 15. SLEVATIONS (Show whether DF, RT, QR, etc.)					12. COUNTY OR PARISH 13. STATE		
14. PERMIT NO.	10. BEETATIONS (SI	iow whether br,	AI, UR, EUG.)	12. 00	ľ		
					-	lew Mexico	
16. Check	c Appropriate Box To	Indicate N	ature of Notice, Report, c	or Other D	ata		
NOTICE OF INTENTION TO:					ORT OF:		
TEST WATER SHUT-OFF	PULL OR ALTER CASIN	·	WATER SHUT-OFF		REPAIRING WEI	LL	
FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASI	<u> </u>	
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	' 	
(Other) Temporarily A	CHANGE PLANS	xx	(Other) (Note: Report res Completion or Reco	ults of mult	ple completion on	Well	
17. DESCRIBE PROPOSED OR COMPLETE		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
This well shut inabandon this well an							
abancon tinis werr an	a nota for poss	IDIC CCI	rary recovery, un		y during th	16	
next two years.	•						
						*	
					<u> </u>		
					· ·		
			•		T291974	\$.	
				REC	YE!		
	,			1	- 0.1974		
	•			OC	152.	FY	
				0.5	OI OGICAL SUNY	Ö	
	•			U.S. GE	OLOGICAL SURV OLOGICAL SURV SIA, NEW MEXIC	,	
				ARIL	,		
70 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		****			····	
18. I hereby certify that the forego	oing is true and correct				1 - 0	C ~ ~ /	
SIGNED Charles C	John .	TITLE	Superintendent	I	DATE 10-2	-8-14	
(This space for Federal or Stat	to office use)						
TERMINDE VIED		TITLE	WELL MUST		DATE		
ACONDITIONS OF APPROVAL.	IF ANY:	IER APPROVE	OR PLUGGED BY				
DEC: 4= 1974	UNLESS FUR.	AT 1 + 19	OR PLUGGED BY				
1 Duli	APRIL OCT	ψ1 ·					
ACTING DISTRICT ENGINEER	*Sec	Instructions	on Reverse Side				
ACTING DISTING							