				C COPY	ATE.	Form appro	ved
Form 9-331		L TED STAT	ES			Budget Rus	eau No. 42-R142
May 1963)	DEPART	MENT OF THE		(Other instructions of verse side)	5. LE		N AND BERIAL NO.
		GEOLOGICAL SU	RVEY		LC	049947(a)
CLINIT	DRY NO	TICES AND REF	PORTS ON	WELLS	6. 1F	INDIAN, ALLOTT	EE OR TRIBE NAM
(Do not use this f	orm for prop	osals to drill or to deep CATION FOR PERMIT—	en or plug back t	o a different reservoir.			
	Use "APPLIC	CATION FOR PERMIT—	ior such proposi	118.)	7. UN	IT AGREEMENT	NAME
OIL GAS OTHER						LOCO HILLS FLOOD	
WELL XX WELL OTHER 2. NAME OF OPERATOR NEWMONT OIL COMPANY						8. FARM OR LEASE NAME	
					Yat	Yates	
3. ADDRESS OF OPERATOR					9. WI	LL NO.	•
P.O. Box 1305, Artesia, New Mexico 88210 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)						6	OR WILDCIM
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below: At surface						LOCO HILLS (Q.G.SA)	
At surface	&					BC., T., R., M., O	R BLK, AND
2310' FNL & 99	O' FWI o	of Section 6			6-	18S-30E	NMPM
2510 THE 0 77		,, 5552151, 5					
14. PERMIT NO.		15. ELEVATIONS (Sho	w whether DF, RT,	or, etc.)	1	OUNTY OR PARI	
					Ec	ddy	New Mex
16.	Check A	Appropriate Box To	Indicate Natu	re of Notice, Report,	or Other [Data	
N	OTICE OF INT	ENTION TO:	1	80	BREQUENT RE	PORT OF:	
TEST WATER SHUT-OF	7	PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING	WELL
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING	CASING
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING	0	ABANDONE	(ENT*
REPAIR WELL		CHANGE PLANS		(Other) Temporar	y Ananac	onmen t Itiple completio	
(Other)							#avm \
17. DESCRIBE PROPOSED OR proposed work. If nent to this work.) *	well is direc	5 / 3-7	O CONTINUE CONTINUES	Completion or Recalls, and give pertinent and measured and true v	ecompletion R dates, includi vertical depth	ing estimated d he for all mark	late of starting s ers and sones per
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