

N. M. O. C. C. COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIP.  
(Other instructions on reverse side)

NM 021095  
Form approved.  
Budget Bureau No. 42-R1425

## 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>WIW</u>		<b>RECEIVED</b>  <b>DEC 5 1974</b>  <b>O. C. C.</b> <b>ARTESIA, OFFICE</b>	
2. NAME OF OPERATOR <u>NEWMONT OIL COMPANY</u>		7. UNIT AGREEMENT NAME <u>Loco Hills Flood</u>	
3. ADDRESS OF OPERATOR <u>P.O. Box 1305, Artesia, New Mexico 88210</u>		8. FARM OR LEASE NAME <u>Yates A</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u>  <u>330' FNL &amp; 1650' FWL of Section 6</u>		9. WELL NO. <u>2</u>	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT <u>Loco Hills</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3564' GLM</u>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>6-18S-30E NMPM</u>	
		12. COUNTY OR PARISH <u>Eddy</u>	13. STATE <u>New Mexico</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Temporarily Abandon <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input 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 Oct. 1971 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. 29 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 \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:  
UNLESS FURTHER APPROVED, WELL MUST  
BE PUT TO BENEFICIAL USE OR PLUGGED BY \_\_\_\_\_ DATE \_\_\_\_\_

**APPROVED**  
**DEC 4 - 1974**  
H. L. BEEKMAN  
 ACTING DISTRICT ENGINEER

OCT 1 - 1975  
\*See Instructions on Reverse Side