Copy to OCC

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

LC-021095

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.)

RECEIVED
OCT 6 1978
O. C. C.
ARTESIA, OFFICE

1. OIL WELL ☐ GAS WELL ☐ OTHER WIW

2. NAME OF OPERATOR
NEWMONT OIL COMPANY

3. ADDRESS OF OPERATOR
P.O. Box 1305, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
330' FNL & 1650 FWL of Section 6

7. UNIT AGREEMENT NAME
LOCO HILLS FLOOD

8. FARM OR LEASE NAME
Yates "A"

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
LOCO HILLS (Q.G.SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
6-18S-30E NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3564' GLM

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Temporary Abandonment			XX
(Other)	☐			(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, NEW MEXICO

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

SIGNED [signature] TITLE Office Manager DATE 9/29/78

(This space for Federal or State office use)

APPROVED BY [signature] TITLE ACTING DISTRICT ENGINEER DATE OCT - 5 1978

CONDITIONS OF APPROVAL, IF ANY:

UNLESS FURTHER APPROVED, WELL MUST BE PUT TO BENEFICAL USE OR PLUGGED BY OCT 1st 1979

*See Instructions on Reverse Side