26.

U ED STATES DEPARTMENT OF THE INTERIOR (Other Instruction verse side)

SUBMIT IN TRI.

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IVIII U AI UJO Form approved, Budget Bureau No.

New Mexico

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4	-LC-049947 (a	-LC-049947(a)		
SUNDRY NOT	6. IF INDIAN, ALLOTTE	G. IF INDIAN, ALLOTTEE OR TRIBE NAME		
1.			7. UNIT AGREEMENT N	AME
OIL VX CAS WELL OTHER 2. NAME OF OPERATOR		RECEIVE	Loco Hills Fl 8. FARM OR LEASE NA	
NEWMONT OIL COMPANY			Yates A	
3. ADDRESS OF GPERATOR		DEC 1974	9. WELL NO.	
P.O. Box 1305, Artesia,	New Mexico 88210		3	
4. LOCATION OF WELL (Report location See also space 17 below.) At surface 330 FSL & 2310 FEL o	clearly and in accordance with any	State requirements . C. C. ARTESIA, OFFICE	10. FIELD AND POOL, of LOCO Hills 11. SEC., T., R., M., OR SURVEY OR ARE.	BLK, AND
14. PERMIT NO.	1 SECTION 6	PM CD oto)	6-18S-30E	NMPM
11. I BROLL NO.	3556 GLM	, ni, un, tui,		
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Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:

EST WATER SHUT-OFF		PULL OR ALTER CASING			WATER SHUT-OFF		REPAIRING WELL	_
RACTURE TREAT		MULTIPLE COMPLETE			FRACTURE TREATMENT		ALTERING CASING	
HOOT OR ACIDIZE		ABANDON*			SHOOTING OR ACIDIZING		ABANDONMENT*	_
EPAIR WELL		CHANGE PLANS]		(Other)			
Other) Temporari	ly	Abandon	XX		(Note: Report res Completion or Reco	ults omple	of multiple completion on Well tion Report and Log form.)	_
	STOTE	mun anun imrava (Classila stata	11 -	mein on t	dotally and also neethers do	+00	including actions to date of at-	

scribe 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 Dec. 1969 __ due to economic limit. We intend to temporarily abandon this well and hold for possible tertiary recovery, under study during the next two years.

OCT 29 1974

U.S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct SIGNED Concer Symptom TITLE Superintendent	DATE 10-28-74
(This space for Federal or State office use)	
APPROVED BY APPROVED BY ANY: UNLESS FURTHER APPROVED. UNLESS FURTHER APPROVED. OUT TO BENEFICAL USE OR PLUSGED BY	DATE
DEC 3 - 1974 UNLESS FURTHER APPROVED. WELL UNLESS FURTHER APPROVED. WELL UNLESS FURTHER APPROVED. BE PUT TO BENEFICAL USE OR PLUSGED BY TO BENEFICAL USE OR PLUSGED BY OCT SEE INSTRUCTIONS ON Reverse Side	
ACTING DISTRICT ENGINEER	