

NATL. O. C. C. COPY

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRI-DATE\*  
(Other instructions on re-verse side)

Form approved.  
Budget Bureau No. 42-R1424.

**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.)

<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <b>NEWMONT OIL COMPANY</b></p> <p>3. ADDRESS OF OPERATOR <b>P.O. Box 1305, Artesia, New Mexico 88210</b></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <b>At surface</b></p> <p style="text-align: center;"><b>990' FSL &amp; 330' FWL of Section 6</b></p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.)</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <b>NM-021095</b></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME <b>LOCO HILLS FLOOD</b></p> <p>8. FARM OR LEASE NAME <b>Yates "A"</b></p> <p>9. WELL NO. <b>5</b></p> <p>10. FIELD AND POOL, OR WILDCAT <b>LOCO HILLS (Q.G.SA)</b></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>6-18S-30E NMPM</b></p> <p>12. COUNTY OR PARISH <b>Eddy</b></p> <p>13. STATE <b>New Mexico</b></p>
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <b>Temporary Abandonment</b>	

(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.)\*

S1 7-70

We request an extension of approval for Temporary Abandonment for one year.  
This property is under study for tertiary recovery operations.

**RECEIVED**

OCT 22 1975

O. C. C.  
ARTESIA, OFFICE

OCT 22 1975  
O. C. C. ARTESIA, NEW MEXICO

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

SIGNED *Lincoln J. McSengill* TITLE Office Manager DATE 9-11-75

(This space for Federal or State office use)

APPROVED BY *[Signature]* TITLE WELL MUST DATE           

CONDITIONS OF APPROVAL, IF ANY:

UNLESS FURTHER APPROVED, WELL MUST BE PUT TO BENEFICIAL USE OR PLUGGED BY           

OCT 1 - 1976

\*See Instructions on Reverse Side