

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP
(Other instruction
verse side)

ATE*

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-021095

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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>		7. UNIT AGREEMENT NAME <u>Loco Hills</u>	
2. NAME OF OPERATOR <u>Newmont Oil Company</u>		8. FARM OR LEASE NAME <u>Yates "A"</u>	
3. ADDRESS OF OPERATOR <u>P. O. BOX 1305, ARTESIA, NEW MEXICO</u>		9. WELL NO. <u>7</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u>		10. FIELD AND POOL, OR WILDCAT <u>Loco Hills</u>	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 6-18S-30E-NMPM</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3533' Gr.</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) <u>T.A.</u>	

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) _____	

(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 propose to T.A this well along with three other injection wells. This is being done to study the injection rate and its effect on production

RECEIVED

MAR 20 1968

D. C. C.
ARTESIA, OFFICERECEIVED
MAR 18 1968
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED M. J. LEDBETTERTITLE Division SuperintendentDATE 3/15/68

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

APPROVED

MAR 19 1968

R. L. BLOOMER

ACTING DISTRICT SUPERINTENDENT

*See Instructions on Reverse Side