

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

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.)

7. UNIT AGREEMENT NAME

LOCO HILLS FLOOD

8. FARM OR LEASE NAME

Yates "A"

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

LOCO HILLS (O.G.SA)

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

6-18S-30E NMPM

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

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

990' FNL & 2231' FWL of Section 6

14. PERMIT NO.

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

3557' GLM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Temporary Abandonment

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

XX

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 3-70

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

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

SIGNED

*Ernest J. McLaughlin*

TITLE Office Manager

DATE

9-11-75

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

UNLESS FURTHER APPROVED, WELL MUST  
BE PUT TO BENEFICIAL USE OR PLUGGED BY  
APRIL, OCTOBER 1, 1976

DATE

\*See Instructions on Reverse Side