

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI
(Other instructio
verse side)

ATE*
in re-

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-047269 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

copy to A 9

7. UNIT AGREEMENT NAME

W. Loco Hills G. 4S Ut.

8. FARM OR LEASE NAME

Tract 1

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Loco Hills

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

Sec. 7-18S-30E-NMPM

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

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. 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 & 330' FWL of Sec. 7; T-18S, R-30E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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 COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

Open and convert to WIW

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

This well has been shut in and we propose to clean out and convert to WIW

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

SIGNED

Thomson L. Luthar

TITLE

Division Superintendent

DATE

3/1/60

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
MAR - 4 1960
R. L. BELLMAN
ACTING DIRECTOR

*See Instructions on Reverse Side

RECEIVED
MAR-4-1968
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO