

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.
LC-047629
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME W. Loco Hills G. 4S Ut.
2. NAME OF OPERATOR NEWMONT OIL COMPANY	8. FARM OR LEASE NAME Tract 1
3. ADDRESS OF OPERATOR P. O. BOX 1305, ARTESIA, NEW MEXICO 88210	9. WELL NO. 1
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	10. FIELD AND POOL, OR WILDCAT LOCO HILLS
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7; 18S-R30E, N.M.P.M.
	12. COUNTY OR PARISH EDDY
	13. STATE NEW MEXICO

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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☐
☐
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SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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☐
☐
☐

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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☐
☐
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(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 frac well with 750 gals 15% acid, 30,000 gals water and 25,000# of 20/40 sand. Clean out well and return well to production.

RECEIVED

NOV 30 1970

G. D. G.
ARTESIA, N.M.

RECEIVED

NOV 25 1970

G. D. G.
ARTESIA, N.M.

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

SIGNED

Thurmon L. Lull

TITLE

Division Superintendent

DATE

11/17/70

(This space for Federal or State office use)

APPROVED BY

COMMISSIONER OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

R. L. BEEKMA

ACTING DISTRICT

*See Instructions on Reverse Side