

**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

SUBMIT IN THE  
(Other instructions  
reverse side)

Form approved,  
Budget Bureau No. 42 R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

LC 047629 (a)

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		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	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7; 18S; 30E NMPM	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
		Eddy	New Mexico

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 checked="" 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)\*

Due to an increase in production of this well the proposed work was cancelled.

**RECEIVED**  
**OCT - 71971**  
**U.S. GEOLOGICAL SURVEY**  
**ARTESIA, NEW MEXICO**

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

SIGNED *Harmon J. Reddick* TITLE Division Superintendent DATE 9/30/71

(This space for Federal or State office use)

APPROVED BY *R. L. Beekman* TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONSENTS OF APPROVAL, IF ANY:

**APPROVED**  
**OCT - 8 1971**  
**R. L. BEEKMAN**  
**ACTING DISTRICT ENGINEER**

\*See Instructions on Reverse Side