16.

ED STATES ULTED STATES SUBMIT IN TRIP (Other instruction verse side)

\TE*

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

GEOLOGICAL SURVEY

SUNDRY	NOTICES	AND	REPORTS	ON	WELLS	

LC-047269 (a)

6. IF INDIAN, ALLOTTEE OR	TRIBE NAME
	refor 13.
T TINTE ACREEMENT NAME	Liz L

(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 N	infor di
WELL X GAS OTHER	W. Loco Hills 8. FARM OR LEASE NA	G. 4S Ut.
NEWMONT OIL COMPANY	Tract 1	
P. O. BOX 1305, ARTESIA, NEW MEXICO 88210 1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*	3 10. FIELD AND POOL, (DR WILDCAT
See also space 17 below.) At surface	LOCO HILLS 11. SEC., T., R., M., OR SURVEY OR ARE	BLK. AND
1980' FSL & 660' FWL or Sec. 7; T-18S; R-30E	Sec. 7-185-	
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OF PARIS	New Mexico

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

RACTURE TREAT ABANDON* CHANGE PLANS FRACTURE TREATMENT ALTERING CASING SHOOTING OR ACIDIZING ABANDONMENT* (Other) (NOTE: Report results of multiple completion on Well (NOTE: Report results of multiple completion on Well	NOTICE OF INTENTION TO):	SUBSE	QUENT REPORT OF:	•
	TEST WATER SHUT-OFF PULL OF XX MULTIPIES ABANDO	R ALTER CASING LE COMPLETE N*	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING CASING ABANDONMENT* ts of multiple completion on We appletion 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 15,000 gals salt water and 15,000# of 20/40 sand and return well to injection

RECEIVED

eny certify that the foregoing is true and correct	TIPLE Division Superintendent	DATE .	3/1/68	
for Federal or State office use)		DATE		
DO DE OF MPIROVAL, IF ANY:	TITLE	DATE	and the second s	

*See Instructions on Reverse Side