Form 9-331 (May 1963)	L TED STATES DEPARTMENT OF THE INT		Te 5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL SURVEY	ts on wells	6. IF INDIAN, ALLOTTEE OF THISE NAME
(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.)			
I. OIL CAS OTHER WIW			7. UNIT AGREEDMENT 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			9. WELL NO. 4
P. O. BOX 1305, ARTESIA, NEW MEXICO 88210 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface			LOCO HILLS 11. SEC., T., R., M., OB BLK. AND
660' FSI	L & 660' FWL of Sec. 7, T-18,R-	SURVEY OR AREA Sec. 7-185-30E NMPM	
14. PERMIT NO.	15. ELEVATIONS (Show whet	ther DF, RT, GR, etc.)	12. COUNTY OF PARISH 13. STATE Eddy New Mexico
10	Check Appropriate Box To Indic	rta Natura of Nation Report of	
16.	NOTICE OF INTENTION TO :		SEQUENT REPORT OF:
TEST WATER	SHUT-OFF PULL OR ALTER CASING	WATER SHUT-OFF	BEPAIRING WELL
FRACTURE TR		FRACTURE TREATMENT	XX ABANDONMENT*
SHOOT OR AC		SHOOTING OR ACIDIZING (Other)	
REPAIR WELL (Other)		(NOTE: Report res Completion or Rec	ults of multiple completion on Well ompletion Report and Log form.)
17. DESCRIBE PROD proposed w nent to this	POSED OR COMPLETED OPERATIONS (Clearly state all pework. If well is directionally drilled, give subsurfac s work.)*	ertinent details, and give pertinent da e locations and measured and true ve	ates, including estimated date of starting any intical depths for all markers and sones perti-
This we	ll was cleaned out and treated	as follows:	
2 <b>-</b> 25 <b>-</b> 69	Ran 3 7/8" bit and started to	clean out. Hit iron in	hole and pulled out bit.
	Ran 4 3/4" X 9" under-reamer.		<pre>the second se second second se</pre>
2-26-69	) Under-reamed from 2804' to 28	<ul> <li>Antonio de la construcción de la const</li></ul>	
3-1-69	Pumped 500 gallons 15% regular	Lindi e Lindi e Satifica Satif	
3-2-69	Returned well to injection.		
	Injection first five days aver	aged 230 BPD @ 1200psi	
			NED 61969
		RE	619 <b>69</b>
		JUN	
18. I hereby cert	tify that the foregoing is true and correct		nt June 4, 1969
SIGNED		Division Superintende	nt DATE June 4, 1909
	for Federal or State office use)	2	
APPROVED CONDITION	BY TITLI ROPERTIAL, FANY: TITLI ROPERTIAL, FANY: *See Instri		
5 DPI	RUM		
A".	IN 5 - 1965 *See Instr	uctions on Reverse Side	555 5 54955
	EKMAI' JEB		
ACTIN	C. BEETTENCINE		

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