

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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

LC 047269 (A)

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW	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	9. WELL NO. 7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1270/v 1370/w	10. FIELD AND POOL, OR WILDCAT Loco Hills
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7-18S-30E - NMPM	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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)*

We propose to treat formation with 1000 gals 15% reg. acid and return well to injection.

RECEIVED

SEP 20 1968

P. O. C.
ARTESIA, OFFICE

RECEIVED
SEP 19 1968
U. S. GEOLOGICAL SURVEY
ARTESIA

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

SIGNED *Germano Ledbetter*

TITLE Division Superintendent

DATE 9/16/68

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
SEP 20 1968

R. L. BLANKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side