SHOOT OR ACIDIZE

REPAIR WELL

## N. M. O. C. C. COPY

## U' TED STATES SUBMIT IN TRIF DEPARTMEIN [ OF THE INTERIOR verse side)

ABANDON\*

CHANGE PLANS

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SHOOTING OR ACIDIZING

Form approved. U Budget Bureau No. 5. LEASE DESIGNATION AND SERIAL NO.

LC-047	269 <b>-A</b>			
IF INDIAN,	ALLOTTEE	OR	TRIBE	NAME

ABANDONMENT\*

GEOLOGICAL SURVEY	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,)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME  7. UNIT AGREEMENT NAME	
OIL GAS WIW WELL WELL OTHER	W. Loco Hills G 45 Ut	
Name of Operator Newmont Oil Company	8. FARM OR LEASE NAME Tract	
3. ADDRESS OF OPERATOR P.O. Box 1305, Artesia, New Mexico	9. WELL NO.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  2310* FNL and 330* FWL of Section 7* T-18-S, R-30-E	LOCO HILLS  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
gyv <sup>y, d</sup>	Sec. 7 - 18S - 30E - NMP	
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, o	r Other Data	
NOTICE OF INTENTION TO:	SEQUENT REPORT OF:	
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT	REPAIRING WELL ALTERING CASING	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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 acidize well with 1,000 gallons 28% acid.

> > REDEIVED

AUG 1 8 1957

D. C. C.

RECEIVED

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N. S. GEOLOGICAL MEN MENTOGE

		D. VELL
18. I hereby certify that the foregoing is true and correct ORIGINAL SIGNED SY SIGNED H. J. LEDBETTER	TITLE Division Superintendent	DATE August 11, 1967
(This space for France to State office use)  APPROVED BY CONDITIONS OF APPROVAL IF ANY:	TITLE	DATE
AP AUG JESTAN *Se	e Instructions on Reverse Side	