14. PERMIT NO.

TED STATES DEPARTMENT OF THE INTERIOR (Other interior verse side)

SUBMIT IN TRIF

Budget Bureau No.

Sec. 7 - 185 - 30E - NMPM

New Mexico

12. COUNTY OR PARISH 13, STATE

Eddy

5. LEASE DESIGNATION AND SERIAL NO.

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 THIBE NAME
1.	7. UNIT AGREEMENT NAME
OIL GAS OTHER WIW	W. Loco Hills G 45 Ut
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
Newmont 011 Company	Tract 1
3. ADDRESS OF OPERATOR	9. WELL NO.
P.O. Box 1305, Artesia, New Mexico	8
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	Loco Hills
2310' FNL and 330' FWL of Section 7; T-18-S, R-30-E	11. SEC., T., R., M., OB BLK. AND SURVEY OR AREA

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

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

NOTICE OF INTENTION TO:		F INTENTION TO:	SUBSEQUENT REPORT OF:				
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) REPAIRING WELL ALTERING CASING ABANDONMENT*	·			
(Other)			(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.)*

7-28-67

Rig up and pump 1,000 gallons 28% acid and return well to injection at 300 BPD rate.

Water injection first five days averaged 250 BPD at 1325 PSI.

RECEIVED

AUG 1 8 1957

O. C. C.

RECEIVED

AUG 16 1967

AUG 16 1967

AFOILOGICAL

			GEO,	ro WELL		
18. I hereby certify that the foregoing is true and correct ORIGINAL SIGNED BY SIGNED H. J. LEDSTITER	TITLE .	Division Superintendent	U. S. TES	August	11,	1967
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IN ANY:	TITLE		DATE			

*See Instructions on Reverse Side