

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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(Other instruct.
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Form approved.
Budget Bureau No. 42-R1424

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		5. LEASE DESIGNATION AND SERIAL NO. NM 025623	
2. NAME OF OPERATOR Newmont Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1305, Artesia, New Mexico 88210		7. UNIT AGREEMENT NAME W. Loco Hills G. 4S. Ut.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 1980' FWL of Sec. 7; T-18S, R-30E		8. FARM OR LEASE NAME Tract 22	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Loco Hills	
		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 type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Convert to WIW	

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) _____	

(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 convert well from producing to injection as per WFX 352:

Cut paraffin and pulled pump and tbg.

Clean out and put well on injection.

RECEIVED
MAR 10 1971
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

RECEIVED
MAR 12 1971
O. C. C.
ARTESIA, OFFICE

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

SIGNED *L. M. L. Beekman*

TITLE Division Superintendent

DATE 3/9/71

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
MAR 11 1971
R. L. BECKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side