

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

IN. M. O. C. C. COPY
SUBMIT IN TRIPlicate*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 025623

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

W. Loco Hills G. 4S. UT

8. FARM OR LEASE NAME

Tract 22

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Loco Hills

11. SEC., T. R., M., OR BLK. AND
SUBVEY OR AREA

Sec. 7-18S-30E- NMPM

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

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 ☐ GAS WELL ☐ OTHER ☒ WIW
2. NAME OF OPERATOR
Newmont Oil Company ✓
3. ADDRESS OF OPERATOR
P. O. Box 1305, Artesia, New Mexico 88210
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

14. PERMIT NO.

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Convert to WIW

(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.)*

This well was converted to injection as follows:

1-8-71: Cut paraffin and pull pump

1-9-71: Clean out and hookup wellhead.

1-10-71: Put well on injection

Injection first five days averaged 350 BPD @ 1100 psi.

RECEIVED

MAR 12 1971

O. C. C.
ARTESIA, OFFICE

RECEIVED

MAR 10 1971

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

SIGNED

Therman L. Cutler

TITLE Division Superintendent

DATE 3/9/71

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD PURPOSES

MAR 11 1971

Date

ACTING

District Engineer

*See Instructions on Reverse Side