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| TRIBUTION | | |
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| E | 1 | ✓ |
| U S.G.S. | 1 | |
| LAND OFFICE | | |
| OPERATOR | 1 | |

RECEIVED

NEW MEXICO OIL CONSERVATION COMMISSION
APR - 4 1979

O. C. C.
ARTESIA, OFFICE

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease

State ☐  Federal Fee. ☐

5. State Oil & Gas Lease No.
LC-048461 8

## 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 —" (FORM C-101) FOR SUCH PROPOSALS.)

1.
OIL WELL ☒   GAS WELL ☐   OTHER-

2. Name of Operator
NEWMONT OIL COMPANY ✓

3. Address of Operator
P. O. BOX 1305 - ARTESIA, NEW MEXICO 88210

4. Location of Well
UNIT LETTER ___O___, 330 FEET FROM THE ___FSL___ LINE AND 2310 FEET FROM

THE ___East FWL___ LINE, SECTION 7 TOWNSHIP 18 RANGE 30 NMPM.

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

7. Unit Agreement Name
W. Loco Hills G4S Ut

8. Farm or Lease Name
Tract 2A

9. Well No.
2

10. Field and Pool, or Wildcat
Loco Hills (Q-G-SA)

12. County
Eddy

16.

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

### NOTICE OF INTENTION TO:

| | | |
|---|---|---|
| PERFORM REMEDIAL WORK ☐ | PLUG AND ABANDON ☐ | |
| TEMPORARILY ABANDON ☐ | | |
| PULL OR ALTER CASING ☐ | CHANGE PLANS ☐ | |
| OTHER _____ | | |

### SUBSEQUENT REPORT OF:

| | | |
|---|---|---|
| REMEDIAL WORK ☐ | ALTERING CASING ☐ | |
| COMMENCE DRILLING OPNS. ☐ | PLUG AND ABANDONMENT ☐ | |
| CASING TEST AND CEMENT JOB ☐ | | |
| OTHER Bradenhead to surface ☒ | | |

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.


Conventional bradenhead piped to surface with 2" valves.


18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED _Ernest J. McGonagill_   TITLE Office Manager   DATE March 29, 1979

APPROVED BY _B. W. Weaver_   TITLE OIL AND GAS INSPECTOR   DATE _____

CONDITIONS OF APPROVAL, IF ANY: