Form	9-331
(May	1963)

## U JED STATES N. M. OSUSMET IN TRIL ATE-

Form approved. Budget Bureau No. 42-R1424.

	DEPARTMENT OF THE INTERIOR (other matterions on regions)  GEOLOGICAL SURVEY  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.)			5. LEASE DESIGNATION AND SERIAL NO.  LC-048468  6. IF INDIAN, ALLOTTEE OR TRIBE NAME  Uppy 1 5.7.		
1.	OIL GAS OTHER WIW			7. UNIT AGREEMENT N	11 6 48 Ut.	
2.	2. NAME OF OPERATOR  Hewmont Oil Company			8. FARM OR LEASE NAME Tract 2A		
3.	3. ADDRESS OF OPERATOR ROOM 303, First National Bank Building, Artesia, New Mexico			9. WELL NO.		
4.	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  330* FSL and 990* FEL of Section 7; T-18-8, R-30-E		10. FIELD AND POOL, OR WILDCAT  LOCO HILLS  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  Sec. 7 - 188 - 308 - MMP			
14.	PERMIT NO.	15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OR PARISI	New Mexic	
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data					
	NOTICE OF INTENTION TO:		SEQUENT REPORT OF:			
	TEST WATER SHUT-OFF FRACTURE TREAT	PULL OR ALTER CASING MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING ALTERING C		
	SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONME	NT*	
	REPAIR WELL (Other)	CHANGE PLANS		eport results of multiple completion on Well on or Recompletion Report and Log form.)		
17.	DESCRIBE PROPOSED OR COMPLETED of proposed work. If well is dire nent to this work.)*	OPERATIONS (Clearly state all pertinctionally drilled, give subsurface lo	nent details, and give pertinent dates exations and measured and true vertice			

6-13-66

Rig up and acidize with 1000 gallons 287 regular acid and return to injection at 1000 BPD rate.

Injection first five days averaged 750 RPD at 1275 PSI.

RECEIVED

JUL 28 1786

O. C. C. Artebia, office



18. I hereby certify that the foregoing is true and correct	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNED ORIGINAL SIGNED BY H. J. LEDBETTER	TITLE Division Superintendent	
(This space for Federal State office use)		
CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

\*See Instructions on Reverse Side