

N. M. O. C. C. CO. 100-100
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN THIS CASE*
(Other instructions on reverse side)

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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WIV</p> <p>2. NAME OF OPERATOR Newmont Oil Company</p> <p>3. ADDRESS OF OPERATOR Room 303, First National Bank Building, Artesia, New Mexico</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL and 2310' FSL of Section 7; T-18-S, R-30-E</p> <p>14. PERMIT NO. _____</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) _____</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. LC-048468</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____</p> <p>7. UNIT AGREEMENT NAME West Loco Hills Unit</p> <p>8. FARM OR LEASE NAME Tract 2A</p> <p>9. WELL NO. 3</p> <p>10. FIELD AND POOL, OR WILDCAT Loco Hills</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7 - 18S - 30E - NMPM</p> <p>12. COUNTY OR PARISH Eddy</p> <p>13. STATE New Mexico</p>
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(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.)*

3-11-65 Frac well with 15,372 gallons water and 3500# of 8/12 sand. Clean out sand from 2805 to 19 and return well to injection.

First five days injection averaged:
720 BWPD at 1250 PSI

RECEIVED

MAR 31 1965

O. C. C.
ARTESIA, OFFICE

RECEIVED
MAR 23 1965

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

ORIGINAL SIGNED BY SIGNED <u>M. J. LEDBETTER</u>	Division Superintendent TITLE _____	March 24, 1965 DATE _____
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(This space for Federal or State office use)

APPROVED CONDITIONS OF APPROVAL, IF ANY: <div style="border: 1px solid black; padding: 5px; display: inline-block;">MAR 30 1965 <i>Rudolph C. Baier, Jr.</i> RUDOLPH C. BAIER, JR. ACTING DISTRICT ENGINEER</div>	TITLE _____	DATE _____
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*See Instructions on Reverse Side