

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-048468

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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
Room 303, First National Bank Building, Artesia, New Mexico

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

7. UNIT AGREEMENT NAME **West Loco Hills Unit** *Pls. 45 int.*

8. FARM OR LEASE NAME
Tract 2A

9. WELL NO.
5

10. FIELD AND POOL, OR WILDCAT
Loco Hills

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 7 - 18S - 30E - NMPM

14. PERMIT NO.

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

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 COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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) <input type="checkbox"/>	

(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 perforate with Bear Gun at 2823, 2818, 2813, 2808 and acidize with 500 gallons 15% acid. Work done to increase injection rate.

RECEIVED

RECEIVED
MAR 3 1966
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

ORIGINAL SIGNED BY
SIGNED **H. J. LEBETTER**

TITLE **Division Superintendent**

DATE **Feb. 28, 1966**

(This space for Federal or State office use)

APPROVED BY **Jan A. Smith** TITLE **DISTRICT ENGINEER**

DATE **MAR 8 1966**

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side