

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRI  
(Other instructio  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

LC 048468

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

W. Loco Hills G. 4S. Ut.

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

12. COUNTY OR PARISH

Eddy

13. STATE

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
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1650' FSL & 2310' FEL 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

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

<input type="checkbox"/>
<input type="checkbox"/>
<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 under-ream, cleanout, and acidize with 500 gals 15% reg. acid

RECEIVED

OCT 17 1968

C. C. C.  
ARTESIA, OFFICE

RECEIVED  
OCT 15 1968  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

*Samuel L. Hedderley*

TITLE Division Superintendent

DATE 9/18/68

(This space for Federal or State office use)

APPROVED BY  
CONTINUOUS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED  
OCT 15 1968  
R. L. BELL  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side