

**N.M.O.C.D. COPY**  
**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

SUBMIT IN THE INDICATED\*  
(Other instructions on reverse side)

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

LC-055696

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Boulter

9. WELL NO.

#3

10. FIELD AND POOL, OR WILDCAT

Loco Hills (Q.G.SA.)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

NW $\frac{1}{4}$ NW $\frac{1}{4}$  Sec. 14-18-29

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

1.

OIL  
WELL ☐

GAS  
WELL ☐

OTHER

Water Injection Well ☒

2. NAME OF OPERATOR

Dixon & Yates Oil Company

3. ADDRESS OF OPERATOR

207 South Fourth Street - Artesia, N.M. 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

660' FNL & 660' FWL of Section 14- 18S-29E

14. PERMIT NO.

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

350 $\frac{3}{8}$ ' GLM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.)\*

Please extend this permit for another 6 months while we continue to evaluate the well.

RECEIVED  
MAY - 8 1980  
U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

RECEIVED

MAY 14 1980

O. C. D.  
ARTESIA, OFFICE

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

SIGNED Sharon Shawden

TITLE Production Clerk

DATE 5-7-80

(This space for Federal or State office use)

ACTING DISTRICT ENGINEER

APPROVED BY GEORGE H. STEWART

TITLE

DATE MAY 18 1980

CONDITIONS OF APPROVAL, IF ANY:

The above plan is approved for only six months. Please re-apply within six months.

\*See Instructions on Reverse Side