

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRII ATE*
(Other instruction 1 re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC - 058481

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

W. LOCO HILLS G. 4S. Ut*

8. FARM OR LEASE NAME

TRACT 11

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

LOCO HILLS

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

Sec. 11-18S-29E - NMPM

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

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

660' FSL & 1980' FWL of Sec. 11; T-18S, R-29E

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 ☐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.)*

Well was acidized as follows:

8-20-68: Rig up and clean out from 2662-75'

8-21-68: Pump 500 gals 15% reg. acid into formation and shut in for 10 mins.

8-21-68: Pull tubing and bit and put well on injection at 50 BPD rate.

RECEIVED

DEC 24 1968

U. S. G.
ARTESIA, NEW MEXICORECEIVED
DEC 23 1968
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Division Superintendent

DATE 9/30/68

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

SIGNATURES OF APPROVAL, IF ANY:

APPROVED
DEC 23 1968

R. L. BECKMA

*See Instructions on Reverse Side