

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate*
(Other instructions on re-
verse 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.)

| | | |
|---|--|---|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW | | 5. LEASE DESIGNATION AND SERIAL NO. LC 058481 |
| 2. NAME OF OPERATOR Newmont Oil Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P. O. Box 1305, Artesia, New Mexico 88210 | | 7. UNIT AGREEMENT NAME W. Loco Hills G 4S Ut |
| 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 | | 8. FARM OR LEASE NAME Tract 11 |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 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 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 COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input 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 checked="" type="checkbox"/> Run Liner | |

(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.)*

Liner was run in this well as follows:

2-10-70: Cleanout from 2660' to 2675'
2-11-70: Cleanout to 2708'
2-12-70: Under-ream with 8" under-reamer to 2708'
2-13-70: Ran 166' of 4 1/2" liner and set from 2540 to 2706' with 50 sks Class "C" cement.
2-15-70: Log and perforate from 2631 to 2658 with 3 shots per foot
2-18-70: Frac well with 10,000# of 20/40 sand, 271 bbls. water and 1000 gals 15% reg. acid.
2-19-70: Clean out from 2651 to 2705'
2-20-70: Returned well to injection.

Injection first 5 days averaged 200 BPD @ 1200 psi

RECEIVED
MAR 17 1970

RECEIVED
MAR 16 1970
GEOLOGICAL SURVEY

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

SIGNED *James L. Smith*

TITLE **Division Superintendent**

DATE **3/13/70**

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

ACCEPTED FOR RECORD PURPOSES
MAR 16 1970
Date
ACTING District Engineer

*See Instructions on Reverse Side