

NMOCC COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRII
(Other Instruction
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Copy to 27
Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.
LC-058481
6. 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>WIW</u>	
2. NAME OF OPERATOR <u>NEWMONT OIL COMPANY</u>	
3. ADDRESS OF OPERATOR <u>P.O. Box 1305, Artesia, New Mexico</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>660' FSL & 1980' FWL of Section 11-T18S-R29E</u>	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3514' GL</u>

7. UNIT AGREEMENT NAME <u>West Loco Hills Grb #4 Sd Ut.</u>
8. FARM OR LEASE NAME <u>Tract 11</u>
9. WELL NO. <u>10</u>
10. FIELD AND POOL, OR WILDCAT <u>Loco Hills & SA</u>
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 11-T18S-R29E NMPM</u>
12. COUNTY OR PARISH <u>Eddy</u>
13. STATE <u>New Mexico</u>

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 checked="" 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.)*

This well has water seepage from the tubing head and is shut in. We request permission to back flow into a pit to test for water source.

The District Engineer will be notified of our plans prior to the repair of the water source.

RECEIVED
APR 13 1978
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED <u>Ernest J. McLaughlin</u>	TITLE <u>Office Manager</u>	DATE <u>4/12/78</u>
(This space for Federal or State office use)		
APPROVED BY <u>Joe S. Lara</u>	TITLE <u>ACTING DISTRICT ENGINEER</u>	DATE <u>APR 17 1978</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side