

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Copy 1047
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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WIW		5. LEASE DESIGNATION AND SERIAL NO. LC-058480
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 West Loco Hills Grb #4 Sd Ut.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 990' FEL of Section 3		8. FARM OR LEASE NAME Tract 108
14. PERMIT NO.		9. WELL NO. 7
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3518' GLM		10. FIELD AND POOL, OR WILDCAT Loco Hills (Q.G.SA)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 3-T18S-R29E 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Maintain Pit		(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.) *

5-8-78 -- We wish to maintain the pit at this well in a fenced and dried up condition to use as needed.

RECEIVED
MAY 9 1978
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct	
SIGNED <i>Ernest J. McLaughlin</i>	TITLE Office Manager
DATE 5/8/78	
(This space for Federal or State office use)	
APPROVED BY <i>Joe S. Larr</i>	TITLE ACTING DISTRICT ENGINEER
DATE MAY 12 1978	
CONDITIONS OF APPROVAL, IF ANY:	