

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLI  
(Other instructions  
verse side)B\*  
re-Form approved,  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-02826

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

W. Loco Hills G 4S Ut.

8. FARM OR LEASE NAME

Tract 19B

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Loco Hills

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

Sec. 9-18S-29E NMPM

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Newmont Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1305, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirement.  
See also space 17 below.)  
At surface

1650' FNL &amp; 990' FEL Section 9

JUN 5 1973

14. PERMIT NO.

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

3501 G.L.

ARTESIA OFFICE

16.

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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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.)\*

We intend to reperforate this well 2 shots/ft from 2494' - 2504' and fracture treat using 1000 gals of acid followed with 110 gals gyp control chemical and 14,000 gals emulsified oil and 40,000 lbs. 20/40 sand to increase drainage to this well.

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

SIGNED Charles C JoyTITLE Dist. Supt.DATE 5/29/73

(This space for Federal or State office use)

APPROVED BY [Signature]  
CONDITIONS OF APPROVAL, IF ANY:DISTRICT ENGINEER  
TITLE \_\_\_\_\_DATE JUN 1 1973