

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. O. C. C. COPY

SUBMIT IN TRI-STATE*
(Other instructive 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 <u>WIW</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>LC 062072</u>
2. NAME OF OPERATOR <u>NEWMONT OIL COMPANY</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P. O. BOX 1305, ARTESIA, NEW MEXICO 88210</u>		7. UNIT AGREEMENT NAME <u>W. LOCO HILLS G 4S UT</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>175' FSL & 1500' FEL of Sec. 10, T-18S, R-29E</u>		8. FARM OR LEASE NAME <u>TRACT 17</u>
14. PERMIT NO.		9. WELL NO. <u>11</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3476 GR</u>		10. FIELD AND POOL, OR WILDCAT <u>LOCO HILLS</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 10-18S-29E 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 checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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"/>		<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.)*

We propose to treat well with 500 gallons 15% acid and return well to injection.

RECEIVED

JUN-6-1969

U. S. GEOLOGICAL SURVEY
ALBUQUERQUE, NEW MEXICO

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

SIGNED James A. Ledwith TITLE Division Superintendent

DATE June 4, 1969

(This space for Federal or State office use)

APPROVED BY R. L. BEEKMAN TITLE ACTING DISTRICT ENGINEER
CONDITIONS OF APPROVAL, IF ANY:

DATE

APPROVED
JUN 5 - 1969
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side