

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP DATE*
(Other instructions on reverse 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.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3476 GR</u>	9. WELL NO. <u>11</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 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 checked="" 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 was treated as follows:

2-13-69 Ran 3 7/8" bit and cleaned out to 2614'.

2-19-69 Set bit at 2570' and pumped 500 gallons 15% regular acid.

2-20-69 Returned well to injection.

Injection first five days averaged 75 BPD @ 1225 psi.

RECEIVED
JUN-6 1969
GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Thomas J. Ledbetter TITLE Division Superintendent

DATE June 4, 1969

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

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

*See Instructions on Reverse Side