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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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SEP 11 1975

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-6631-24	
7. Unit Agreement Name West Loco Hills Grb.#4	
8. Farm or Lease Name Tract 37	
9. Well No. 3	
10. Field and Pool, or Wildcat LOCO HILLS (Q.G.SA)	
12. County Eddy	

SUNDY 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" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	O.C.C. ARTESIA, OFFICE
2. Name of Operator NEWMONT OIL COMPANY	
3. Address of Operator P.O. Box 1305, Artesia, New Mexico 88210	
4. Location of Well UNIT LETTER <u>A</u> <u>1190</u> FEET FROM THE <u>North</u> LINE AND <u>150</u> FEET FROM THE <u>East</u> LINE, SECTION <u>11</u> TOWNSHIP <u>18S</u> RANGE <u>29E</u> NMPM.	
15. Elevation (Show whether DF, RT, CR, etc.) 3519' GLM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Temporary Abandonment

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

S1-6-73

We request an extension of approval for Temporary Abandonment for one year.
This property is under study for tertiary recovery operations.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>Ernest J. McFarland</u>	TITLE <u>Office Manager</u>	DATE <u>9-11-75</u>
APPROVED BY <u>W. A. Gressett</u>	TITLE <u>SUPERVISOR, DISTRICT II</u>	DATE <u>OCT 8 1975</u>
CONDITIONS OF APPROVAL, IF ANY: <u>Expires 10-1-76</u>		