Form 9-331			CATE Form approved. on re-Budget Bureau No. 42-R1424
(May 1963) DEF	UTED STATES PARTML.T OF THE IN	I ERIOR verse side)	5. LEASE DESIGNATION AND SERIAL NO.
SUNDRY	GEOLOGICAL SURVI	RTS ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use this form fo Use ",	or proposals to drill or to deepen or APPLICATION FOR PERMIT—" for	plug back to a different reservoir. such proposals.)	
WELL XX WELL C	DTHER		7. UNIT AGREEMENT NAME West Loco Hills #4 Sand
2. NAME OF OPERATOR NEWMONT OIL COMPAN	17		8. FARM OR LEASE NAME/ Tract 10A
3. ADDRESS OF OPERATOR			9. WELL NO.
P.O. Box 1305, Artesia, New MExico 88210 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			10. FIELD AND POOL, OR WILDCAT
At surface			Loco Hills
1330' FSL & 330' F	WL of Section 3		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO.	15. ELEVATIONS (Show whe	ther DF, RT, GR, etc.)	Sec 3-185-29E NMPM 12. COUNTY OF PARISH 13. STATE
	3520' GL	······································	Eddy New Mexic
6. Che	eck Appropriate Box To Indic	ate Nature of Notice, Report,	
	OF INTENTION TO:	1	UBSEQUENT REPORT OF :
TEST WATER SHUT-OFP	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT SHOOT OR ACIDIZE	MULTIPLE COMPLETE	FRACTURE TREATMENT SHOOTING OR ACIDIZIN	XXALTERING CABING
REPAIR WELL	CHANGE PLANS	(Other)	
(Other) 7. DESCRIBE PROPOSED OR COMPLE proposed work. If well is nent to this work.) *	CTED OPERATIONS (Clearly state all pe directionally drilled, give subsurface	Completion of Re	esults of multiple completion on Well completion Report and Log form.) dates, including estimated date of starting any vertical depths for all markers and zones perti-
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