UMTED STATES DEPARTM. . T OF THE INTERIOR verse side)

ATE* (Other instruction

WATER SHUT-OFF

Form approved. Budget Bureau No. 42-R1424 5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NM 02426

SUBSEQUENT REPORT OF :

GEOLOGICAL SURVEY							
SUNDRY	NOTICES	AND	REPORTS	ON	WELLS		

NOTICE OF INTENTION TO:

(Other) Plug back to workover

PULL OR ALTER CASING

TEST WATER SHUT-OFF

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservo Use "APPLICATION FOR PERMIT—" for such proposals.)	ár.
1.	7. UNIT AGREEMENT NAME
WELL GAS WILL OTHER WIW	West Loco Hills G. 4S Ut.
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
Newmont Oil Company 🦿	Tract 19B
3. ADDRESS OF OPERATOR	9. WELL NO.
P. O. Box 1305, Artesia, New Mexico 88210	6
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*	10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface	Loco Hills
10' FNL & 1325' FEL of Sec. 9; T-18S; R-29E	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-185-29E NMPM
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE Eddy New Mexico
16. Check Appropriate Box To Indicate Nature of Notice, Rep	ort, or Other Data

ALTERING CASING FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDONMENT* REPAIR WELL CHANGE PLANS (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 plug well back then work over to improve injection. will be as follows:

> Set 15 sk cement plug from 2280 to 2480', and 15 sk cement plug from 1525 to 1725'.

> > ARILLE GFFIDE

18. I hereby certify that the foregoing is true and correct Division Superintendent 3/12/71 DATE (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY: DATE

*See Instructions on Reverse Side