

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN THIS MANNER  
(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 <input checked="" type="checkbox"/> WIW   |  | 7. UNIT AGREEMENT NAME<br>W. Loco Hills G. 4S UT                         |  |
| 2. NAME OF OPERATOR<br>NEWMONT OIL COMPANY   |  | 8. FARM OR LEASE NAME<br>Tract 8B  |  |
| 3. ADDRESS OF OPERATOR<br>P. O. BOX 1305, ARTESIA, NEW MEXICO 88210  |  | 9. WELL NO.<br>6   |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1310 FNL & 10' FWL of Sec. 15-T18S, R-29E |  | 10. FIELD AND POOL, OR WILDCAT<br>Loco Hills                             |  |
| 14. PERMIT NO.   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 15-18S-29E NMPM |  |
| 15. ELEVATIONS (Show whether DF, RT, OR, etc.)<br>3498'  |  | 12. COUNTY OR PARISH<br>Eddy   |  |
|  |  | 13. STATE<br>New Mexico  |  |

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

| NOTICE OF INTENTION TO:                      |   | SUBSEQUENT REPORT OF:                                     |  |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>                   | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input checked="" type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <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:

4-1-70: Frac down casing with 500 gals 15% acid and let soak 10 mins. Pump 500 gals 15% acid followed with 15,000 gals fresh water & 7500 lbs. of 20/40 sand, followed by 15,000 gals fresh water with 15,000 lbs 20/40 sand. & shut in.

4-2-70: Return well to injection.

Injection first five days averaged 325 bbls at 1225 psi.

RECEIVED

OCT 15 1970

D.C.C.  
ARTESIA, NEW MEXICO

RECEIVED

OCT 13 1970

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

*Leonard L. Little*

TITLE

Division Superintendent

DATE

10/12/70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL

TITLE

DATE

10/12/70

ACCEPTED FOR RECORD PURPOSES  
OCT 14 1970  
Date  
ACTING District Engineer

\*See Instructions on Reverse Side