

**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

N. M. O. C. C. COPY  
SUBMIT IN TRIPLICATE  
(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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		<b>RECEIVED</b> AUG - 11 1969	
2. NAME OF OPERATOR		7. UNIT AGREEMENT NAME	
NEWMONT OIL COMPANY		WLHU G 4S Ut	
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME	
P. O. BOX 1305, ARTESIA, NEW MEXICO 88210		TRACT 12	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		9. WELL NO.	
1650' FSL & 1750 FEL of Sec. 9; T-18S; T-29E		4	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT	
		LOCO HILLS	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
3490		Sec. 9-18S-29E NMPM	
		12. COUNTY OR PARISH	
		Eddy	
		13. STATE	
		New Mexico	

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

**Completion Report**  
(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 drilled and completed as follows:

- 4-6-69 Set 306' of 8 5/8" 20# new casing and cemented with 50 sacks.
- 4-11-69 Drilled to TD 2570' and ran 2568' of 4 1/2" 9.5# new casing and set with 150 sacks cement.
- 4-12-69 Ran log and perforated with 2 .48 bullets per foot from 2494' to 2509'.
- 4-26-69 Fraced well with 2090 gals acid 10,000 lbs of 20/40 and 358 bbls lease oil.
- 4-27-69 Ran tubing and put well on production.
- 7-23-69 Recovered all frac oil.
- 7-24-69 Well produced 8 bbls oil and 0 bbls water first new oil.

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

SIGNED L. M. Liddell

TITLE Asst. Supt.

DATE 7-31-69

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ACCEPTED FOR RECORD PURPOSES ONLY  
AUG 1 - 1969  
Date 1-1-69  
ACTING District Engineer

\*See Instructions on Reverse Side