

COPIES RECEIVED	3
CONTRIBUTION	
FE	/
FE	/
U.S.G.S.	
LAND OFFICE	
OPERATOR	/

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

NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

OCT 6 1978

O. C. C.
ARTESIA, OFFICE

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B-5084-76

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name West Loc. Hills Grb #4
2. Name of Operator Newmont Oil Company ✓	8. Farm or Lease Name SD U Tract 25
3. Address of Operator P. O. Box 1305, Artesia, New Mexico 88210	9. Well No. 1
4. Location of Well UNIT LETTER <u>K</u> <u>2310</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>West</u> LINE, SECTION <u>1</u> TOWNSHIP <u>18S</u> RANGE <u>29E</u> N.M.P.M.	10. Field and Pool, or Wildcat Loco Hills (O.G.SA)
15. Elevation (Show whether DF, RT, GR, etc.) 3538' GLM	12. County Eddy

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	Temporary Abandonment <input checked="" type="checkbox"/>

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.

We request approval to Temporarily Abandon this well and hold for possible tertiary recovery operations.

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

SIGNED Ernest J. McLaughlin TITLE Office Manager DATE 10/5/78

APPROVED BY W.A. Gressett TITLE SUPERVISOR, DISTRICT II DATE OCT 13 1978

CONDITIONS OF APPROVAL, IF ANY:
Expires 10-1-79