

NMOCC COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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Form approved
Budget Bureau No. 41, R-424.

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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WIW</p> <p>2. NAME OF OPERATOR NEWMONT OIL COMPANY</p> <p>3. ADDRESS OF OPERATOR P.O. Box 1305, Artesia, New Mexico 88210</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL & 2310' FWL of Section 12</p> <p>14. PERMIT NO.</p>	<p align="center">RECEIVED</p> <p align="center">MAY - 5 1978</p> <p align="center">U.S.G. OFFICE ARTESIA, OFFICE</p> <p>5. LEASE DESIGNATION AND SERIAL NO. LC-050429 (b)</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME West Loco Hills Grb #4 Sd Ut.</p> <p>8. FARM OR LEASE NAME Tract 4</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT Loco Hills (500-5A)</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 12-T18S-R29E NMPM</p> <p>12. COUNTY OR PARISH Eddy</p> <p>13. STATE New Mexico</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3499' GLM</p>	

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Maintain Pit	XX	(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.)*

4/26/78 -- We wish to maintain the pit at this well in a fenced and dried up condition to use when needed.

RECEIVED
MAY 2 1978
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED <i>[Signature]</i>	TITLE Office Manager	DATE 5/1/78
(This space for Federal or State office use)		
APPROVED BY <i>[Signature]</i>	TITLE ACTING DISTRICT ENGINEER	DATE MAY 4 - 1978
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side