

MOC COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Copy to 47
Form approved.
Budget Bureau No. 42 R1424
LEASE DESIGNATION AND SERIAL NO.
NM-025614
6. INDIAN, ALLOTTEE OR TRIBE NAME

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 GAS WELL OTHER **WIW**

2. NAME OF OPERATOR **NEWMONT OIL COMPANY**

3. ADDRESS OF OPERATOR **P.O. Box 1305, Artesia, New Mexico 88210**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface **1650' FNL & 924 FWL of Section 18**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3512' GLM

7. UNIT AGREEMENT NAME
West Loco Hills Grb #4 Sd Ut.

8. FARM OR LEASE NAME
Tract 21B

9. WELL NO.
6

10. FIELD AND POOL, OR WILDCAT
Loco Hills (~~64-78~~)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 18-T18S-R30E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

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MAY - 5 1978

**O. C. C.
ARTESIA, OFFICE**

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.)*

4/25/78 -- We wish to maintain the pit at this well in a fenced and dried up condition to use when needed.

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ARTESIA, NEW MEXICO

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

SIGNED *[Signature]* TITLE **Office Manager** DATE **5/1/78**

(This space for Federal or State office use)

APPROVED BY *[Signature]* TITLE **ACTING DISTRICT ENGINEER** DATE **MAY 4 - 1978**

CONDITIONS OF APPROVAL, IF ANY: