

N. M. O. C. C. COPY
UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI-STATE*
(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 GAS WELL OTHER

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
660' FNL & 660' FEL of Sec. 9; T-18S; R-29E

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.) _____

5. LEASE DESIGNATION AND SERIAL NO.
NM-02426

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME
W. LOCO HILLS G. 4s Ut.

8. FARM OR LEASE NAME
Tract 19B

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Loco Hills

11. SEC., T., B., M., OR BLEK. AND SURVEY OR AREA
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 checked="" 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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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:

- 4-2-70: Pull tubing and check TD at 2538'.
- 4-3-70: Set tubing at 2471' and spot 250 gals 15% reg acid on perforations. Pump 750 gals 15% reg. acid into formation and frac with 15,000 gals lease oil & 15,000 lbs. of 20/40 sand.
- 4-4-70: Return well to production.
- 5-4-70: Recovered all lease oil
- 5-9-70: Well tested 14 BOPD & 26 BWPD.

RECEIVED
MAY 22 1970
O. C. C.
ARTESIA, OFFICE

RECEIVED
MAY 21 1970
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct
SIGNER *Samuel J. Galt* TITLE Division Superintendent DATE 5/20/70
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD PURPOSES
MAY 21 1970
Date *St. Decker*
ACTING District Engineer

*See Instructions on Reverse Side