TED STATES

SUBMIT IN TRI (Other instruction ATE* Form approved. Budget Bureau No. 42

	5. LEASE DESIGNATION AND SERIAL NO. LC-048468 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME W. LOCO HILLS G 45 Ut					
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.)						
OIL GAS WELL GAS						
2. NAME OF OPERATOR Newmont Oil Company 3. ADDRESS OF OPERATOR P.O. Box 1305, Artesia, New Mexico 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330° FSL and 990° FEL of Section 7; T-18-S, R-30-E			8. FARM OR LEASE NAME Tract 2A			
			9. WELL NO.			
			LOCO HIIIS 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7 - 185 - 30E - HMP			
At surfacê	90' FEL of Section 7; T-	18-s, R-30-E	11. SEC., T., R., M., SURVEY OR A	OR BLK. AND REA		
At surfacê	90' FEL of Section 7; T-		11. SEC., T., R., M., SURVEY OR A	or blk. and rea 85 - 30E - HMF		
330° FSL and 9		DF, RT, GR, etc.)	11. SEC., T., R., M., SURVEY OR A Sec. 7 - 1 12. COUNTY OR PAR Eddy	OR BLK. AND 85 - 30E - HMF		
330° FSL and S	15. ELEVATIONS (Show whether I	Nature of Notice, Report, or	11. SEC., T., R., M., SURVEY OR A Sec. 7 - 1 12. COUNTY OR PAR Eddy	OR BLK. AND 85 - 30E - HMF		
330° FSL and S	eck Appropriate Box To Indicate	Nature of Notice, Report, or	11. SEC., T., R., M., SURVEY OR A Sec. 7 - 1 12. COUNTY OR PAR Eddy Other Data EQUENT REPORT OF:	OR BLK. AND 85 - 30E - HMF		

nent to this work.) *

We propose to perforate from 2812-26 with 2 shots per foot and return well to injection.

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N.S. CECLOCICAL MENTION

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NO. S. CECLOCICAL MENTION

NO.

	n. S. CELOW, WELL				
18. I hereby certify that the foregoing is true and correct SIGNED H. J. LEDR	TITLE Division Superintendent	DATE	August 1	1, 1967	
(This space for Federal protein office use) APPROVED BO CONDITIONS OF APPROVAL IF APP.	TITLE	DATE			
AUG 1 STATION OF ER. *S.	ee Instructions on Reverse Side				