Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.: LC 064175A

6. IF 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

7. UNIT AGREEMENT NAME: YOUNG UNIT

2. NAME OF OPERATOR: NEWMONT OIL COMPANY

8. FARM OR LEASE NAME:

3. ADDRESS OF OPERATOR: P. O. BOX 1305, ARTESIA, NEW MEXICO 88210

9. WELL NO.: 18

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 2310' FNL & 2310' FEL Sec. 20-T-18S;R-32E

10. FIELD AND POOL, OR WILDCAT: YOUNG QUEEN

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 20-18S-32E NMPM

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3741

12. COUNTY OR PARISH: LEA

13. STATE: NEW MEXICO

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Converted to WIW			☐
(Other)			☐	(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 converted to WIW as follows:

11-29-69 Cleaned out to 4076'. Perforated with 2 jet shots per foot at 3754'-62', 3772'-83', 3786'-88', 3791'-95'

12-16-69 Fraced well with 500 gallons 15% regular acid, 36,000 gallons fresh water & 36,000 gallons 20/40 sand

12-20-69 Put well on injection.

Injection first five days averaged Upper Queen 336BPD @ 0 psi
Penrose 186 BPD @ 0 psi.

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

SIGNED Howard Gilbreath TITLE Division Superintendent DATE 1-26-70

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Form 9-331
May 1963

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC 064756

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.
10

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20-T-18-S-R-32-E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

HOBBS OFFICE O. G. S.
DEC 22 11 42 AM '69

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
Texaco Inc.

3. ADDRESS OF OPERATOR
P. O. Box 1905, 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
2310' FNL & 2310' FEL Sec. 20; T-18-S; R-32-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3741'

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	
(Other) Convert to WIW ☐		(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.) *

We propose to convert this well to WIW as follows:

1. Clean out
2. Perforate 3754 to 3795'
3. Frac with 18,000 gallons water & 18,000# 20/40 sand
4. Start injection

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

SIGNED [signature] TITLE Division Superintendent DATE 12-15-69

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DEC 17 1969
ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side