

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions
verse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC 063441

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>WIW</u>	7. UNIT AGREEMENT NAME <u>Young Unit</u>
2. NAME OF OPERATOR <u>NEWMONT OIL COMPANY</u>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 1305, Artesia, New Mexico 88210</u>	9. WELL NO. <u>3</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>660' FNL & 330' FEL of Section 17, T-18S, R-32E</u>	10. FIELD AND POOL, OR WILDCAT <u>Young Queen</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 17, T18S, R32E, N18PM</u>	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>New Mexico</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☒(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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.)*

6-29-73 - Rigged up and pumped 1000 gals of Halliburton's Paragon Acid containing 5 gals of WS-36, 2 gals HAI-50 inhibitor and 5 gals of Halco Suds. Displaced Acid to top perforation, flushed with 750 gals water. Shut well in over-night. Treating rate 1/2 bbl/min @ 2250 psi.

6-30-73 - Backflowed well for clean up.

7- 1-73 - Placed well back on injection.

30 days before treatment well averaged injecting 31 BWPD @ 2150 psi.
31 days after treatment well averaged injecting 195 BWPD @ 2250 psi.

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

SIGNED Charles C JoyTITLE SuptDATE 8/10/73

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side