

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC 063559

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		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. 11
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 510' FSL & 1685' FWL of Sec. 17; T-18S; R-32E		10. FLOOD AND POOL, OR WILDCAT YOUNG QUEEN
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17-18S-32E N40M
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3751		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 <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"/>	

(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 returned to production as follows:

7-24-69 Pulled tubing and cleaned out with 5" sand pump to 3778' TD.

7-25-69 Ran 3699' of 2 3/8" OD tubing with 147 3/4" rods with 10' pump.

7-26-69 Started well pumping.

Average production for first ten days was 2 BOPD & 1 BWPD

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

SIGNED James Ledbetter TITLE DIVISION SUPERINTENDENT DATE 9-24-69

(This space for Federal or State office use)

APPROVED

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SEP 26 1969

*See Instructions on Reverse Side

J. H. GORDON
CHIEF DISTRICT ENGINEER