

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 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>WIW to OIL WELL</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>10</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <u>1650' FSL &amp; 1980' FWL Sec. 17;T-18S;R-32E</u>		10. FIELD AND POOL, OR WILDCAT <u>YOUNG QUEEN</u>	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 17-18S-32E N44PM</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <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"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> <u>Convert from WIW to production</u>	

(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 production as follows:

12-3-69 Pulled tubing & packer

12-4-69 Perforated 2 jet shots per foot from 3740'-45'

12-20-69 Ran production equipment

12-29-69 Put well on production

Production first five days averaged 10 BOPD & 3 BWPD

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

SIGNED Herman J. Ledbetter TITLE

Division Superintendent

DATE 1-26-70

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD

JAN 28 1970

\*See Instructions on Reverse Side

U.S. GEOLOGICAL SURVEY  
HOBBY, NEW MEXICO