

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP!
(Other instructions
verse side)

TE
re-

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 ☐

2. NAME OF OPERATOR

Newmont Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 1305, 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

990' FNL & 1650' FEL of Section 17, T 18S, R 32 E

14. PERMIT NO.

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

3780' GLM

7. UNIT AGREEMENT NAME

Young Unit

8. FARM OR LEASE NAME

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Young Queen

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 17, T18S, R32E, NMPM

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:

TEST WATER SHUT-OFF

☐
☒
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

REPAIRING WELL

☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.)*

We intend to fracture treat this well using 1500 gals of Acid and 20,000 gals of Humble's Emulsa Frac with 40,000 lbs of sand to increase production.

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

SIGNED

Charles C Joy

TITLE Supt.

DATE Sept/4/1973

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

SEP 5 1973

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side