

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/> Conversion to WIW  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>LC 064175-A                            |                         |
| 2. NAME OF OPERATOR<br>Newmont Oil Company  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME  |                         |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 1305, Artesia, New Mexico 88210   |  | 7. UNIT AGREEMENT NAME<br>Young Unit  |                         |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><br>1980' FNL & 660' FWL Section 20, T18S, R-32E |  | 8. FARM OR LEASE NAME   |                         |
| 14. PERMIT NO.  |  | 9. WELL NO.<br>16   |                         |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3733' DF  |  | 10. FIELD AND POOL, OR WILDCAT<br>Young Queen                                 |                         |
|   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 20, T18S, R32E, NMPM |                         |
|   |  | 12. COUNTY OR PARISH<br>Lea   | 13. STATE<br>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 checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) Conversion  |  |
| (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.)\*

9/10/73: Pulled rods and tbq.

9/11/73: Plugged back with 10 sacks of 1/2" gravel, topped with 3 sacks No. 3 sand to 3960'. Ran tubing to 3950'. Pumped 55 sacks Class "H" cement containing 75% CFR II, 5# salt, and 10# of No. 3 sand per sack, slurry weight 16.2#/gal. Pulled tbq to 3772', reversed out. Shut well in 48 hrs.

9/13/73: Measured in top of plug 3775' pulled tbq.

9/14/73: Ran 7" totem tension pkr on 2 3/8" OD EUE tubing, set packer at 3648'. Placed well on injection.

Injection rate for 10 days averaged 352 BWPD @ 1365 psi.

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

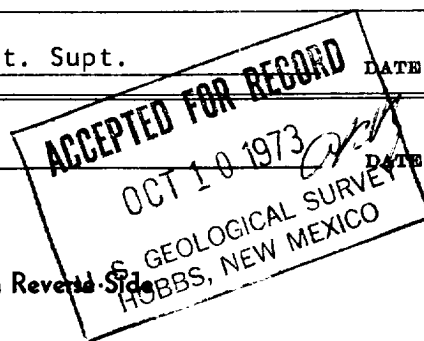
SIGNED Charles C. Joy  
(This space for Federal or State office use)

TITLE Dist. Supt.

DATE 10/8/73

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

TITLE \_\_\_\_\_



\*See Instructions on Reverse Side