OIL

UNIT STATES DEPARTMENT. JF THE INTERIOR (Other instructions of verse side)

SUBMIT IN TRIPLIC 7.4

C. 100 T.

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

Adam to hear hear

GEOLOGICAL SURVEY NM 09245 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

CLIVIDAY	NICTICEC	ALID	REPORTS	\sim	VALLE
CHOINEY	NUMBER	ANI	REPURIS	UN	WELLS
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(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.)

7. UNIT AGREEMENT NAME WELL XX WELL OTHER Young Unit NAME OF OPERATOR

Newmont Oil Company 9. WELL NO. 3. ADDRESS OF OPERATOR

24 P. O. Box 1305, Artesia, New Mexico 10. FIELD AND POOL, OR WILDCAT

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface

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

990' FSL & 2310' FWL of Sec. 20; T-18S; R-32E

Sec. 20-18S-32E NMPM 12. COUNTY OR PARISH | 13. STATE

14. PERMIT NO.

FRACTURE TREAT

REPAIR WELL

(Other)

SHOOT OR ACIDIZE

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

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 MULTIPLE COMPLETE ABANDON*

WATER SHUT-OFF REPAIRING WELL FRACTURE TREATMENT ALTERING CASING SHOOTING OR ACIDIZING Change from SI to producing (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

SUBSEQUENT REPORT OF:

CHANGE PLANS

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:

4-11-70: Clean out and run tubing, rods and pump

4-14-70: Put well on production

4-17-70: Well tested 8 BOPD & 25 BWPD

18. I hereby certif at the foregoing is true Division Superintendent SIGNED DATE (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY: APR 2 2 1970

*See Instructions on Reverse Side!, S. CLOEOGIDAL JUNEYEY

HOBBS, NEW MEXICO

RECEIVED

APR 2 6 1970

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