orm 9-331 May 1963) UNCED STATES SUBMIT IN TRIPLICATED DEPARTME. JF THE INTERIOR (Other instructions of the GEOLOGICAL SURVEY						·e.	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. LC - 063441														
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 XX GAS WELL OTHER  2. NAME OF OPERATOR Newmont 0il 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.*							LL = U03441       6. IF INDIAN, ALLOTTEE OR TRIBE NAME       7. UNIT AGREEMENT NAME       YOUNG Unit       8. FARM OR LEASE NAME       9. WELL NO.       21       10. FIELD AND POOL, OR WILDCAT														
											See also space 17 below.) At surface 1980' FSL & 1980' FEL of Sec. 20; T=18S, R=32E						·	Young Queen 11. BDC., T., R., M., OB BLK. AND SURVEY OR AREA Sec. 20-185-32E NMPM			
											14. PERMIT NO.	· · ·	15. ELEVATIONS (Sho	w whether DF, F	T, GR, etc.)		12.	Sec. COUNTY OR Lea		. STATI	
16. N	Check Ap	DIODITICITE BOX TO	Indicate Na	ture <sup>‡</sup> of Notic			Data REPORT OF:	17 - 17 - 1 17 - 17 - 17 - 17 - 17 - 17													
TEST WATER SHUT-ON FRACTURE TREAT Shoot or acidize Repair Well	M	JLL OR ALTER CASING Ultiple complete Bandon® Hange plans			UT-O <b>FF</b> TREATMENT OR ACIDIZING		ALTE	IRING WELI BING CASIN DONMENT <sup>19</sup>		-											
We propose t	o change w	ally drilled, give sui				· - መንገኘትሁ ሬ. ለገንግ አ ዓ በዲያራ ለማንግ አራው . ይህ	c) lease in the state of all the target of a space of an under when a spectral state present and catainst [great of tapped leagers and provide a spectra provide and the provide of the provident of the provide state of a spectra provide a spect	a el a d'a dur partir querr. 2011 - 21 - 21 - 21 - 21 - 21 - 22 - 24 - 24	when there are be a negatively or share your weithing in the lower of the set	anoitouteni											
SIGNEI	al or State office			)ivision S	Superinte	ndent	DATE	4/9/7	70												
APPROVED BY CONDITIONS OF AP		<u>т</u> . Т	'ITLE			2 1 3	<b>PREEDR</b> 1920	<b>D</b> -													
		*See	instructions o	on Reverse Sic	U. S. GEOI	LOGICA	AL SURVE MEXICO	Y													