

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Other instructions
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 063441

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

YOUNG UNIT

8. FARM OR LEASE NAME

9. WELL NO.

23

10. FIELD AND POOL, OR WILDCAT

YOUNG QUEEN

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

Sec.20-18S-32E NMPM

12. COUNTY OR PARISH

LEA

13. STATE

NEW MEXICO

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 ☐ GAS ☐ OTHER ☒ WIW
WELL WELL2. NAME OF OPERATOR
NEWMONT OIL COMPANY3. ADDRESS OF OPERATOR
P. O. BOX 1305, ARTESIA, NEW MEXICO 882104. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

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

14. PERMIT NO.

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

3744 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

Convert to WIW

(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 perti-
nent to this work.)*

This well was converted to injection as follows:

11-29-69 Ran log and perforated one shot per foot from 3725'-33', 3735'-42',
3760'-64', 3956'-60'

12-3-69 Cleaned out to 4000'

12-23-69 Put well on injection

Injection first five days averaged Upper Queen 200 BPD @ 100 psi,
Penrose 280 BPD @ 1450 psi.

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

SIGNED

Theron J. L. Luthy

TITLE

Division Superintendent

DATE

1-27-70

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

