Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC 063441

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

HOBBS OFFICE O. C. C.
DEC 22 11 42 AM '69

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 WIW

7. UNIT AGREEMENT NAME
YOUNG UNIT

2. NAME OF OPERATOR
NEWMONT OIL COMPANY

8. FARM OR LEASE NAME

3. ADDRESS OF OPERATOR
P. O. BOX 1305, ARTESIA, NEW MEXICO 88210

9. WELL NO.
23

4. 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-18-S;R-32-E

10. FIELD AND POOL, OR WILDCAT
YOUNG QUEEN

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec.20-18S-32E NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3744 GR

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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			☐
(Other) 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 pertinent to this work.) *

We propose to convert this well to injection as follows:

1. Clean to TD
2. Perforate from 3725-42' & 3956-60'
3. Fracture treat
4. Put well on injection

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

SIGNED [signature] TITLE Division Superintendent DATE 12-15-69

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DEC 17 1969
ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side