

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 060971

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

JN Fidel

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Square Lake

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

Sec. 29-16S-31E, NMPM

12. COUNTY OR PARISH 13. STATE

Eddy

N. M.

1. OIL WELL GAS WELL OTHER **WIW**

2. NAME OF OPERATOR
Newmont Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 1305, Artesia, New Mexico

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

50' FNL & 50' FEL of Sec. 29, T-16S, R-31E

14. PERMIT NO.

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

3980'

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) _____

(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.)*

This well was acidized as follows:

2-27-70. Rig up and pump 500 gallons 15% reg. acid into the Lovington formation. Move packers and pump 500 gallons 15% reg acid into the Premier-Metex. Return well to injection.

Injection first five days averaged:

Premier & Metex 30 BPD @ 2250 psi

Lovington 5 BPD @ 2550 psi

RECEIVED
MAR 16 1970
MAR 17 1970
O. C. C.
ARTESIA, OFFICE
SURVEY
MEXICO

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

SIGNED

Thermon L. Lutter

TITLE **Division Superintendent**

DATE **3/13/70**

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD PURPOSES
MAR 16 1970
ACTING District Engineer

*See Instructions on Reverse Side