

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 060524

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal JJ

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Square Lake

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

3-17-30

14. PERMIT NO.

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

3725 GL

12. COUNTY OR PARISH 13. STATE

Eddy New Mexico

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) XX Set oil string.

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Drilled to 3096'. Ran OH Gamma-Density Log. Set 3105' GL of
4 1/2" OD 10.5# csg. Cemented w/250 sks Class C 50/50 peemix
w/2% gel & 8# salt/sk. PD @ 11:35 AM 7-27-70. Well to be
completed for water injection pending approval of application
for same.

RECEIVED

AUG 31 1970

D.C.C.
ARTESIAL OFFICE

RECEIVED

AUG 28 1970

U. S. GEOLOGICAL SURVEY
ARTESIAL NEW MEXICO

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

SIGNED

D. R. Layton

TITLE District Superintendent DATE 7/30/70

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
AUG 28 1970
H. L. BECKMA
ACTING DISTRICT SUPERINTENDENT

*See Instructions on Reverse Side