

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved
Budget Bureau No. 42-R1424.

copy to 57

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.)

5. LEASE DESIGNATION AND SERIAL NO.

NR-08529

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NONE

7. UNIT AGREEMENT NAME

Square Lake "31" Unit

8. FARM OR LEASE NAME

Square Lake "31" Unit

9. WELL NO.

*3

10. FIELD AND POOL, OR WILDCAT

Square Lake

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

Sec. 31, T-16-S, R-30-E

12. COUNTY OR PARISH

Eddy

13. STATE

N. M.

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
TEXACO Inc. ✓

3. ADDRESS OF OPERATOR
P. O. Box 728 - Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
Well located 1980' from the North Line, and 1980' from the East Line of Section 31, T-16-S, R-30-E, Eddy County, N. M.

14. PERMIT NO.
Regular

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3712' (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*

Change Well Number

(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.)*

*Subject well number changed from 3231 to 3.

RECEIVED
AUG 16 1965
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED W. E. Morgan
(This space for Federal or State office use)

TITLE Assistant to the District Superintendent

DATE August 12, 1965

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

APPROVED
AUG 16 1965
R. L. BELLIARD
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side