

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN REPLICATION*
(Other instructions on reverse side)

Copy to ST P
Form approved.
Budget Bureau No. 42-R1424

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-08529
2. NAME OF OPERATOR TEXACO Inc. ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico		7. UNIT AGREEMENT NAME Square Lake "31" Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well located 660' from the West Line, and 660' from the South Line of Section 30, T-16-S, R-30-E, Eddy County, New Mexico.		8. FARM OR LEASE NAME Square Lake "31" Unit
14. PERMIT NO. Regular	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3698' (GR)	9. WELL NO. *9
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Square Lake
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.)*		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T-16-S, R-30-E
		12. COUNTY OR PARISH Eddy
		13. STATE N. M.

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) Change well Number

- REPAIRING WELL
- ALTERING CASING
- ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

*Subject well number changed from 1431 to 9.

RECEIVED

AUG 18 1965

D. E. C.
ARTESIA, OFFICE

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
W. E. Morgan

TITLE Assistant to the District Superintendent

DATE August 12, 1965

(This space for Federal or State office use)

APPROVED
AUG 17 1965
R. L. BELLMAN
ACTING DISTRICT ENGINEER

TITLE _____

DATE _____

*See Instructions on Reverse Side