N. M. O. C. C. COPY

Form approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN [illegible]LICATE* (Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.: NM-04393

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: —

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.)

7. UNIT AGREEMENT NAME: Square Lake "31" Unit

OIL WELL ☒ OTHER Water Injection

8. FARM OR LEASE NAME: Square Lake "31" Unit

2. NAME OF OPERATOR: [illegible] Inc.

9. WELL NO.: 12

3. ADDRESS OF OPERATOR: P. O. Box 728 - Hobbs, New Mexico 88240

10. FIELD AND POOL, OR WILDCAT: Square Lake

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface: Well is located 660' from the East line and [illegible] from the South line of Section 31, T-16-S, R-30-E, [illegible] County, New Mexico.

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.

14. PERMIT NO.: [illegible]

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3704' (GR)

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF		PULL OR ALTER CASING	
FRACTURE TREAT		MULTIPLE COMPLETE	
SHOOT OR ACIDIZE		ABANDON*	
REPAIR WELL		CHANGE PLANS	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREATMENT		ALTERING CASING	
SHOOTING OR ACIDIZING		ABANDONMENT*	
(Other) Shut Well In			

(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 was shut-in effective 7:00 A.M., October 3, 1969. It is requested that the well be reclassified from its present status to ASD (Abandoned-Salvage Deferred)- Held for abandonment of Unit.

RECEIVED
OCT 1 5 1969
O. C. C.
ARTESIA, OFFICE

18. I hereby certify that the foregoing is true and correct
SIGNED [signature] TITLE Assistant District Superintendent DATE October 9, 19[illegible]

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD PURPOSES
OCT 14 1969
ACTING District Engineer

*See Instructions on Reverse Side