

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN 1 LICATION*
(Other instructions on re-
verse side)

Copy to 57
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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water Injection</u></p> <p>2. NAME OF OPERATOR <u>TEXACO Inc.</u></p> <p>3. ADDRESS OF OPERATOR <u>P. O. Box 728 - Hobbs, New Mexico</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>Well located 1986' from the West Line, and 660' from the South Line of Section 31, T-16-S, R-30-E, Eddy County, New Mexico</u></p> <p>14. PERMIT NO. <u>Regular</u></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>NM-04712</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>NONE</u></p> <p>7. UNIT AGREEMENT NAME <u>Square Lake "31" Unit</u></p> <p>8. FARM OR LEASE NAME <u>Square Lake "31" Unit</u></p> <p>9. WELL NO. <u>*10</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Square Lake</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 31, T-16-S, R-30-E</u></p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3697' (GR)</u></p>	<p>12. COUNTY OR PARISH <u>Eddy</u></p> <p>13. STATE <u>N. M.</u></p>
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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 2431 to 10.

RECEIVED

AUG 18 1965

O. C. 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
(This space for Federal or State office use)

TITLE Assistant to the District Superintendent

DATE August 12, 1965

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

TITLE _____ DATE _____

*See Instructions on Reverse Side