

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN 1 LICATION
(Other instructions on reverse side)

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. NAME OF OPERATOR TEXACO Inc.		5. LEASE DESIGNATION AND SERIAL NO. NM-04712	
2. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico 88240		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) Well is located 1875' from the West line and 663' from the South line of Section 31, T-16-S, R-30-E, Eddy County, New Mexico		7. UNIT AGREEMENT NAME Square Lake "31" Unit	
4. PERMIT NO. Regular		8. FARM OR LEASE NAME Square Lake "31" Unit	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3697' (GR)		9. WELL NO. 10	
		10. FIELD AND POOL, OR WILDCAT Square Lake	
		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.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
SEA TURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
SEAL WELL	CHANGE PLANS	(Other) Shut Well In	
(Other)		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

16. 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 15 1969

O. C. C.
ARTESIA, OFFICE

I hereby certify that the foregoing is true and correct

SIGNED

Assistant District

TITLE Superintendent

DATE October 3, 1969

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD PURPOSES

OCT 14 1969

Date

ACTING

District Engineer

*See Instructions on Reverse Side