

U. S. DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TR (Other instructions on reverse side) CATE*

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <p style="text-align: center;">TEXACO Inc.</p></p> <p>3. ADDRESS OF OPERATOR <p style="text-align: center;">P. O. Box 728 - Hobbs, New Mexico</p></p> <p>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 East Line, and 1960' from the South Line of Section 31, T-16-S, R-30-E, Eddy County, N. M.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <p style="text-align: center;">NM-04393</p></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME <p style="text-align: center;">NONE</p> <i>copy to 27.</i></p> <p>7. UNIT AGREEMENT NAME <p style="text-align: center;">*Square Lake "31" Unit</p></p> <p>8. FARM OR LEASE NAME <p style="text-align: center;">*Square Lake "31" Unit</p></p> <p>9. WELL NO. <p style="text-align: center;">3331</p></p> <p>10. FIELD AND POOL, OR WILDCAT <p style="text-align: center;">Square Lake</p></p> <p>11. SEC., T., R., M., OR BLEK. AND SURVEY OR AREA <p style="text-align: center;">Sec. 31, T-16-S, R-30-E</p></p>	
<p>14. PERMIT NO. <p style="text-align: center;">Regular</p></p>	<p>15. ELEVATIONS (Show whether DF, WT, GR, etc.) <p style="text-align: center;">3799' (G.R.)</p></p>	<p>12. COUNTY OR PARISH <p style="text-align: center;">Eddy</p></p> <p>13. STATE <p style="text-align: center;">N. M.</p></p>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Change name, place in unit</u>	

(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 has been placed in the Square Lake "31" Unit, changed from DeKalb Federal well number three to: Square Lake "31" Unit Number 3331.

RECEIVED

MAY 5 1964

G. L. C.
ARTESIA, OFFICE

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

SIGNED [Signature] TITLE Assistant District Superintendent DATE May 5, 1964.

(This space for Federal or State office use)

APPROVED BY [Signature] DATE MAY 6 1964
 R. L. BELMONT
 ACTING DISTRICT ENGINEER