

N. M. O. C. G. CORY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

copy J.  
SUBMIT IN  
(Other instructions on re-  
verse 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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well   | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM-04393                             |
| 2. NAME OF OPERATOR<br>TEXACO Inc. ✓  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>NONE                                |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 728 - Hobbs, New Mexico   | 7. UNIT AGREEMENT NAME<br>Square Lake "31" Unit                             |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>Well located 1980' from the East Line, and 1980' from the South Line of Section 31, T-16-S, R-30-E, Eddy County, New Mexico. | 8. FARM OR LEASE NAME<br>Square Lake "31" Unit                              |
| 14. PERMIT NO.<br>Regular   | 9. WELL NO.<br>3331   |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3799' (GR)  | 10. FIELD AND POOL, OR WILDCAT<br>Square Lake                               |
|   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 31, T-16-S, R-30-E |
|   | 12. COUNTY OR PARISH<br>Eddy  |
|   | 13. STATE<br>N. M.  |

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 checked="" type="checkbox"/> Converted to Water Injection |  |

(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.) \*

The following work has been completed on subject well:

1. Rig up pulling unit, pull rods & tubing. Clean well to 2788', (Total Depth) with sand pump.
2. Ran 2570' of internally plastic coated tubing with baker tension packer set at 2680'.
3. Total Depth - 2788', well ready for water injection.

RECEIVED

OCT 20 1964

O. C. C.  
ARTESIA, OFFICE

RECEIVED  
OCT 16 1964  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

H. D. Raymond

TITLE Assistant District Superintendent

DATE October 13, 1964.

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side