

Form 9-11
May 1964UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN
(Other Instru
verse side)LOCATE
3 on reForm approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM-04393

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Square Lake "31" Unit

8. FARM OR LEASE NAME

Square Lake "31" Unit

9. WELL NO.

7

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-3-E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

SUNDRY NOTICES AND REPORTS ON WELLS

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 ☒ WELL ☐ OTHER Water Injection

2. NAME OF OPERATOR

T.M. Co. Inc.

3. ADDRESS OF OPERATOR

P.O. Box 728 - Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

Well is located 1980' from the East line
and 1980' from the South line of Section 31, T-16-S,
R-3-E, Eddy County, New Mexico.

14. PERMIT NO.

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

Regular

3799' (GR)

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

NOTICE OF INTENTION TO:

WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOTING OR ACIDIZING ☐CHANGE WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other) Shut Well In

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☒(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)*REPAIR, REUSE 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 perti-
nent 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 2, 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