			r	3	
Form 9-331 N.	M.O.C.C.COPY STATES	SUBMIT IN 7. LICATE.	Form approv	ed.	
(May 1903)	F THE INTERIOF	(i)this instanctions on me	Budget Bure 5. LEASE DESIGNATION	AND SERIAL NO.	
GEOLOGICAL SURVEY			NM-04393		
			6. IF INDIAN, ALLOTTE	E OR TRIBE NAME	
SUNDRY NOTICES AN					
(Do not use this form for proposals to drill Use "APPLICATION FOR	PERMIT-" for such propo	sals.)	None		
			7. UNIT AGREEMENT N.		
OLL WELL         GAS WELL         OTHER			Square Lake "31" Unit		
2. NAME OF OPERATOR				Square Lake "31" Unit .	
TEXACO Inc. 3. Address of Operator			9. WELL NO.		
P.O. Box 728 - Hobbs, New	Mexico		8		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. <sup>6</sup> See also space 17 below.) At surface			10. FIELD AND POOL, OR WILDCAT		
			Square Lake	Square Lake	
Vell located 660' from the East	Line, and 1980'	from the South	SURVEY OR ARE.		
ine of Section 31, T-16-S, R-30	0-E, Eddy County	, New Mexico	Sec 31, T-16	-S R-30-F	
14. PERMIT NO. 15. ELEVA	TIONS (Show whether DF, RT,	, GR, etc.)	12. COUNTY OF PARIS	H 13. STATE	
Regular 3	699' (GR)		Eddy	N.M.	
		ure of Notice, Report, or C			
	box to indicate tean		UENT REPORT OF:		
NOTICE OF INTENTION TO:		NUBSEQ		<b></b>	
TEST WATER SHUT-OFF PULL OR ALT		WATER SHUT-OFF	REPAIRING	[———]	
FRACTURE TREAT MULTIPLE CO	OMPLETE	FRACTURE TREATMENT	ALTERING ( ABANDONMI		
SHOOT OR ACIDIZE ABANDON* REPAIR WELL CHANGE PLA		SHOOTING OR ACIDIZING X			
(Other)		NOTE : Report results	s of multiple completion letion Report and Log for		
<ol> <li>Treat down tubing-casing an</li> <li>Shut in flow line and circu</li> <li>Produce well for 24 hours.</li> <li>Acidize well with 500 gallo</li> <li>Produce well for 24 hours.</li> <li>Tag bottom with tubing &amp; pu</li> <li>Dump sufficient pea-gravel</li> <li>Pack well by dumping 150 lb</li> <li>Swab well, recover load oil</li> <li>On 24 hour test ending 8:00 88 bbl water, GOR - TSTM, G</li> </ol>	ulate well for 2 ons 7-1/2% acid. ull tubing to ch down casing to o. of Nocor 815 1, test, and ret D A.M. January 2	4 hours. eck fillup. fill hole to lowest phosphate pellets o urn well to product	r perforation. jown casing. tion.	nd - D	
	i diriry 5210 is		- CIN	5-1-	
			me Chin	TEE CX	
		FEE	1 8. C. J. P.	SURVE	
		gan fan sta	U. S. OFULIUM	MEXION	
		ARTEGIA, CASALE	S OFON N	L'A	
			ARTESI		
18. I hereby certify that the foregoing is true and	correct				
A sea stall the		start start Superintender:	+ Fab	ruary 7, 196	
SIGNED Dan GL	TITLEST	rict Superintenden	DATE FED		
(This space for Federal br State office use)				· · · ·	
TTOROBH	TITLE		DATE		
A PONDITIONS OF 98 COVAL, IN ANY:					
FEB					
L. DELLINGINEER	*See Instructions o	n Roversz Side			
FEB DELIVITATI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			