

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI
(Other instructio
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NY-08529

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NONE

Copy to 27.

7. UNIT AGREEMENT NAME

*Square Lake "31" Unit

8. FARM OR LEASE NAME

*Square Lake "31" Unit

9. WELL NO.

1331

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.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

TEXACO Inc.

3. ADDRESS OF OPERATOR

P. O. Box 728 - Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

well located 660' from the West Line, and 1980' from the South
Line, of Section 31, T-16-S, R-30-E, Eddy County, New Mexico.

14. PERMIT NO.

Regular

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

3712' (D. F.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) change name, Place in Unit

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.) *

* Subject well has been placed in the Square Lake "31" Unit, changed from
Etz Federal NCT-1 well number One, to: Square Lake "31" Unit number 1331.

RECEIVED

MAY 1964

O. C. C.
ARTESIA, OFFICE

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

SIGNED

J. C. Blevins, Jr.

TITLE Assistant District
Superintendent

DATE May 5, 1964

(This space for Federal or state office use)

APPROVED
MAY 6 1964
H. L. BECKMAN
ACTING DISTRICT ENGINEER

TITLE

DATE

*See Instructions on Reverse Side