

Form 4-331  
MAY 1963UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN  
(Other Instru. 29 or re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-08529

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.

5

10. FIELD AND POOL, OR WILDCAT

Square Lake

11. SEC., T., R., M., OR BLM. AND  
SURVEY OR AREA

Sec. 31, T-16-S, R-30-E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

## 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.)WELL ☒ OTHER Water Injection

NAME OF OPERATOR

MAGCO Inc.

ADDRESS OF OPERATOR

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

14. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See page 17 below.)Well is located 660' from the West line and  
2780' from the South line of Section 31, T-16-S, R-30-E,  
Eddy County, New Mexico.

14. WELL NO.

Regular

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

3712' (DF)

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

## NOTICE OF INTENTION TO:

STOP WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETION ☐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.)16. 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 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 Before  
Well for abandonment of Unit.

RECEIVED

OCT 15 1969

N. M. O. C. S.  
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