Form 9-331
(May 1963)

U TED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI 'ATE* (Other instructio on reverse 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.)

5. LEASE DESIGNATION AND SERIAL NO.: NM-08529

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: None

Copy to S.F.

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME: *Square Lake "31" Unit

2. NAME OF OPERATOR: TEXACO Inc.

8. FARM OR LEASE NAME: *Square Lake "31" Unit

3. ADDRESS OF OPERATOR: P. O. Box 728 - Hobbs, New Mexico

9. WELL NO.: 3231

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: Well located 1980' from the North Line, and 1980' from the East Line of Section 31, T-16-S, R-30-E, Eddy County, New Mexico.

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

14. PERMIT NO.: Regular

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3712' (GR)

12. COUNTY OR PARISH: Eddy

13. STATE: N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF [ ]	PULL OR ALTER CASING [ ]	WATER SHUT-OFF [ ]	REPAIRING WELL [ ]
FRACTURE TREAT [ ]	MULTIPLE COMPLETE [ ]	FRACTURE TREATMENT [ ]	ALTERING CASING [ ]
SHOOT OR ACIDIZE [ ]	ABANDON* [ ]	SHOOTING OR ACIDIZING [ ]	ABANDONMENT* [ ]
REPAIR WELL [ ]	CHANGE PLANS [ ]	(Other) Change name, place in Unit [ ]	
(Other)		(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.) *

*Subject well has been placed in the Square Lake "31" Unit, changed from Ltz Federal NCT-2 Well Number Three, to: Square Lake "31" Unit Number 3231.

RECEIVED
1964
U. S. G.
ARTESIA, OFFICE

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

SIGNED J. D. Stevens, Jr. TITLE Assistant District Superintendent DATE May 5, 1964.

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
MAY 6 1964
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side