

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT "TRIPPLICATE"
(Other instructions on re-
verse 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-08529	
2. NAME OF OPERATOR TEXACO Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME None	
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico		7. UNIT AGREEMENT NAME Square Lake "31" Unit	
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 660' from the South Line of Section 31, T-16-S, R-30-E, Eddy County, New Mexico		8. FARM OR LEASE NAME Square Lake "31" Unit	
14. PERMIT NO. Regular		9. WELL NO. 9	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3698' (GR)		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.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(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.)*

We propose to do the following work on subject well:

1. Treat down tubing-casing annulus with 300 gallons Gypsol scale remover.
2. Shut in flow line and circulate well for 24 hours.
3. Produce well for 24 hours.
4. Acidize with 500 gallons 7-1/2% acid.
5. Produce well for 24 hours.
6. Tag bottom of hole with tubing & pull tubing to check fillup.
7. Dump sufficient pea gravel down casing to fill hole to lowest perforation.
8. Pack well by dumping 125 lb. of Nocor 815 phosphate pellets down casing.
9. Swab well, recover load oil, test, and return well to production.

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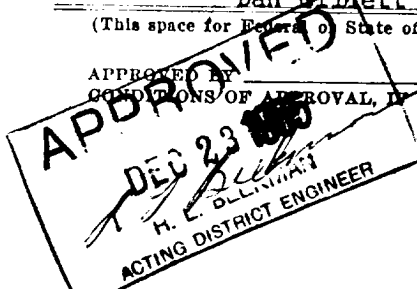
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED <u>Dan Gillett</u>	Assistant	DATE <u>December 22, 1965</u>
(This space for Federal or State office use)	TITLE <u>District Superintendent</u>	

APPROVED BY H. L. DILLON
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____



*See Instructions on Reverse Side