

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM - 08529

6. IF INDIAN, ALLIOTTEE OR TRIBE NAME

None

7. UNIT AGREEMENT NAME

Square Lake "31" Unit

8. FARM OR LEASE NAME

Square Lake "31" Unit

9. WELL NO.

9

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.

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"/>	
2. NAME OF OPERATOR TEXACO Inc.	
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240	
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.	
14. PERMIT NO. Regular	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3698' (GR)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Shut Well In

(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 was shut in effective 7:00 A. M., March 1, 1969.
It is recommended that this well be reclassified from its present
producing status to ASD - Held until abandonment of unit.

RECEIVED

MAR 10 1969

O. C. F.
ARTIFICIAL

REQUEST THAT THE ALLOWABLE FOR SUBJECT WELL BE SET @ ZERO (0).

MAR - 7 1969

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

Assistant District

SIGNED

TITLE Superintendent

DATE March 6, 1969

(This space for Federal or State office use)

APPROVED BY
CONDITION OF APPROVAL, IF ANY:

TITLE

DATE

MAR - 7
R. L. BEEKMA

*See Instructions on Reverse Side