

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRI  
(Other instruction 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. TX-03529
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 1980' from the North Line, and 660' from the East 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	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3712' (D.F.)	9. WELL NO. 4231
		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:

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) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

Change name, place in Unit

(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  
Etz Federal NCT-2 Well Number Four, to: Square Lake "31" Unit Number 4231.

RECEIVED

MAY 7 1964

O. C. C.  
ARTESIA, OFFICE

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

SIGNED

J. G. Blevins, Jr.

TITLE

Assistant District  
Superintendent

DATE

May 5, 1964.

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

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

\*See Instructions on Reverse Side