

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

N. W. O. C. C. COPY

SUBMIT IN TRI  
(Other instructio  
verse side)

DATE  
on re-

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NY-04712

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NONE

7. UNIT AGREEMENT NAME

\*Square Lake "31" Unit

8. FARM OR LEASE NAME

\*Square Lake "31" Unit

9. WELL NO.

2331

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.

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

TEXACO Inc.

3. ADDRESS OF OPERATOR

P. O. Box 728 - Hobbs, New Mexico

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 West Line, and 1980' 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.)

3704' (GR)

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) Change Name, Place in Unit ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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 perti-  
nent to this work.) \*

\*Subject well has been placed in the Square Lake "31" Unit, changed from  
Federal "E" well number 1-31, to: Square Lake "31" Unit Number 2331.

RECEIVED  
MAY 7 1964  
O. C. C.  
ARTESIA, OFFICE

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

SIGNED

J. Blevins, Jr.

TITLE

Assistant District  
Superintendent

DATE

May 5, 1964.

(This space for Federal or State office use)

TITLE

DATE

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

\*See Instructions on Reverse Side